



# UNIFIED FAMILY NURSING CURRICULUM



*World Health Organization and  
USAID Primary Health Care Reform program  
supported development of present document*



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Primary Healthcare Reform Project

## **UNIFIED FAMILY NURSING CURRICULUM**

The Unified Family Nursing Curriculum was developed in the scopes of two-year cooperation agreement for 2004-2005 signed between RA Ministry of Health and World Health Organization (WHO) European Regional Office.

The Unified Family Nursing Curriculum was approved by Order No. 1254-A of RA Minister of Health dated November 7, 2006.

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## PREFACE AND WORDS OF GRATITUDE

The Unified Family Nursing Curriculum (UFNC) is a comprehensive package of requirements for specialization in Family Nursing. It has been developed upon the suggestion of RA Ministry of Health aiming at strengthening the Primary Healthcare (PHC) system and improving the quality of general practice or Family Medicine.

The medical training is one of the ways for achieving this goal.

We want to express our gratitude to the World Health Organization (WHO), US Agency for International Development (USAID) and the Ministry of Health, paying a great importance to the necessity of the renewed educational system.

The assistance of the Director of WHO Yerevan Office E. Danielyan made the creation of this educational program possible. Due to the cooperation between WHO, USAID-funded Primary Healthcare Reform (PHCR) Project, Family Nursing Chairs of National Institute of Health and Basic Medical College the Unified Family Nursing Curriculum (UFNC) has been developed.

The joint and constructive activities of Project authors, Ministry of Health and its experts deserves a high appreciation. We want to express a special gratitude to the Head of Primary Healthcare Division of Healthcare Organization Department in the Ministry of Health Ruzanna Yuzbashyan and Deputy Head of MOH Department of Education, Science and Staff Management Knarik Arabajyan for organizational assistance and professional consulting.

A significant professional input into the development of the Project was made by USAID Healthcare Projects Expert Ruben Jamalyan.

The international experience of PHCR Project Chief of Party Sam Tornquist has greatly benefited to the conceptual and structural development of the document.

The Project is envisaged for organization of Family and Community Nurse trainings, which can also be implemented through regional medical colleges. One of the project peculiarities is that 2/3 of the entire training is envisaged for realization in form of practical trainings. This fact will allow realization of trainings in work places.

The main group working on Project development has consistently worked on the entire document during the whole period of its development and with each of the authors, ensuring the application of the same principles for contents and structure, as well as the integrity of the document. Each member of the general author's group has fully studied the up-to-date literature related to the corresponding field, international experience and the possibilities of its localization based on the requirements and peculiarities of the country. We are expressing our gratitude to all the members of the group of authors developing and reviewing the document.

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## GENERAL PART

Unified Family Nursing Curriculum is a document that guides the postgraduate training For recent nursing colleges graduates as well as practicing nurses

It is based on the Statement of Family Nurses and the health needs of the Population. Depending on the aforementioned/ abovementioned determinants it can be revised and changed

*Consistent with contemporary international training this curriculum defines “learning outcomes” – the attitudes, values, knowledge and skills, and thus the curriculum will:*

*Remain up-to-date for a long period of time*

*Allow multiple training programs to contribute and compete to achieve the final goal*

*Provide a useful tool to supervising bodies that approve continuing medical education.*

According to the definition of the Statement of Family Nurses approved by RA Ministry of Health on 22 December, 2005(Degree # 1345), the family nurse is the specialist who provides accessible, comprehensive and ongoing health maintenance and medical care to the family and the individual, irrespective of age, sex, or type of health problem. The family nurse acts as the patient’s first contact within the health care system and the patient’s or family’s advocate in all health-related issues when needed. The purpose of the Unified Curriculum is to delineate the content of Family Medicine Training, the attitudes, values and skills that family nurses need to possess as medical specialists.

What services should family nurses provide to the population of Armenia?

Family nursing is a patient/community-oriented discipline, not an organ-system- or disease-based one. Therefore, the Unified Curriculum describes the essential and expanded scope of medical services that family nurses can provide, based on the following principles:

- Evidence-based cost-effective health promotion and disease prevention interventions, such as some screening activities, immunization and healthy lifestyle counseling.
- Needed first contact skills, such as recognition and stabilization of emergency conditions, and broad symptom-based diagnostic, evaluation and management skills.
- Needed knowledge and skills for effective communication and relationship building for patients throughout the life span.
- Early recognition and outpatient treatment of acute and chronic common conditions that are not life threatening and do not require family physician, specialty or in-patient diagnostic or treatment resources.
- Knowledge with Specialty expertise to effectively provide nursing care and coordinate it with family physicians and narrow specialists when indicated by widely accepted clinical standards of care.
- Unlike the specialty approaches, display holistic care concerns, relating to the whole patient within a family and community (e.g. social and psychological factors contributing to health problems).

### **What are the limits of family nurse expertise and when should family nurses refer to family physicians?**

While this document attempts to define the core competencies and the limits of a family nurse’s expertise, we must also recognize and support the gradual expansion of the scope of family

nurse's expertise over the next years. However, it is absolutely necessary for government regulation to set minimum standards of acceptable quality and safety.

“*Standard of Care*” is an international term that means the commonly recognized best treatment for a specific condition in a particular environment. Family nurses should be held to the same standard of care. In this regard, the Unified Curriculum highlights the development of certain pro-active attitudes towards quality of care.

Quality is defined as the sum of the following components describing the outcome:

- Best clinical outcomes
- Patient safety
- Patient satisfaction.

**The performance of family nurses within the framework of government regulations in reality is influenced by many variables, including:**

*Scope of basic training*

*Practice-based skill maintenance*

*Continuing medical education*

*Awareness of one's own capabilities and values,*

*Potential risk of mistakes*

*Professional judgment when dealing with the given patient*

*Patient's participation in the decision-making regarding treatment*

*Available and accessible medical resources, such as clinical reference information, diagnostic information, family physician and specialist support, hospital and emergency response support.*

Training needs may differ based upon the pre-existing skills of the trainee and the circumstances of the working environment. This curriculum can enable a variety of training programs to contribute specific limited content (modular training) that collectively results in a well-trained family nurse. The Unified Curriculum can also assist in evaluating training Proposals for family nurses' continuing medical education.

For purposes of training, financing and regulation, this Unified Curriculum defines the consistent core expertise as well as the varying outer limits of expertise of family nurses. This curriculum also recognizes that medicine is a changing, dynamic field and should therefore be updated regularly.

**All Unified Curriculum content areas are classified according to the following:**

**Class I:** Required as essential knowledge and skills for Family Nurses that the latter should master. **Independent activities**

**Class II:** Required expertise to manage, as well as family physician and/or specialist support. **Dependent activities**

### **Training Modules**

The curriculum is unique in its structure, reflecting the philosophy, essence and requirements of Family Medicine. Most modules are not designed based on historical specialties but mostly based on the health needs of human beings in different age/sex groups. E.g., the modules Reproductive Health or Nursing Process consider nurses' competencies to deal with attitudes and values, and skills (such as counseling) issues, etc., specific to those particular groups. Additionally, there is other grouping of competencies – by age, e.g. Children's Health, Adolescent Health. There are modules that are new in the Armenian academic context, such as

Geriatrics and Care of Older Patients, Palliative and End-of-Life Care, Health Management and Organization, Communication, Community Health, Men's Health, Women's Health.

*There are 35 modules, each including the following parts:*

**(1) Introduction, (2) Attitudes/Values**

The Introduction to the module justifies its unique importance, while the next section states the set of attitudes and values, that the trainee must develop and respect in order to successfully perform within the framework presented below.

**(3) Knowledge**

The Curriculum does not imply that all "Knowledge" requirements should be taught in the classroom. Adequate knowledge requires self-education, reading, and work with patients, and only as a part – lecture and didactic training.

**(4) Skills**

Skills can be mastered only through appropriate clinical practice. The Curriculum envisages the majority of the skills to be acquired by trainees during routine clinical practice, patient care and counseling performed under the supervision of an experienced nurse trainer. Another important condition for proficiency is using the acquired knowledge and skills in practice immediately rather than delaying for months or years till the end of the postgraduate training: Otherwise a substantial part of the acquired knowledge and skills will be lost. This fact, too, emphasizes the necessity of conducting the training in clinical settings and providing an opportunity for the trainees to have hands-on practice.

**(5) Implementation**

This part is a guideline on training process organization under the given module. It also indicates how the Department should supervise the trainee and assess the newly acquired knowledge and skills.

**(6) References**

Recommends but not limits the literature required for any given module. As the majority of literature sources on evidence-based medicine are in English, family nurse trainers are required to have a working level knowledge of English.

The Curriculum envisages that for currently practicing nurses the clinical re-training components may differ. Retrained pediatric nurses, for example, may need additional geriatric training. In general, Family Medicine trainees are expected themselves to continually maintain and improve their skills as part of their professional responsibilities.

Each of the 35 topics of the Unified Curriculum is assigned a recommended percent of training effort. However, these per cents can be varied, to meet the needs of participants with different backgrounds, e.g. newly graduated nurses vs. experienced practicing nurses (pediatric, therapeutic, etc.). The total training time may also vary depending on the quality of the available clinical training sites, particularly the number of patients that the trainees manage themselves, under appropriate supervision.

**Technical Training Issues: Theoretical training vs. Clinical patient management**

In order for the postgraduate medical education to be effective, the clinical part must include not less than 70 percent of the whole course. Family Medicine training needs to occur in patient care environments where the organizations practice and implement continual quality improvement. Family nurses can only learn effective decision-making, patient care

management, and develop skills and attitudes by working in more effective care delivery sites. Quality improvement is a continuous activity, rather than a single intervention. International experience demonstrates that improved quality of health care results from delivery system improvements as much as from additional training or better equipment.

### **Family Nursing Departments should be able to:**

Use a large number of diverse, but active health care delivery sites for family nurses. These additional training sites (such as rural ambulatories) need appropriate budgeting, although, usually they do not require extensive support.

Emphasize clinical training, with minimal lecturing (70% of training should be clinical; if the clinical content of training is less concentrated, the duration of the training must be longer to allow adequate clinical skill development).

Emphasize self-learning. Trainees are expected to get more theoretical knowledge by literature searching and reading assigned materials as well as to assure their own skills.

Ensure flexible trainings, allowing them to be conducted internally and by distance learning.

Encourage trainees to participate in conferences, workshops, and round-tables, implementing the credit system for the continuous professional education.

### **Implementation of the Unified Curriculum**

Defining the content of Family Medicine training is only one step in improving training. Equally important is:

- *On-going evaluation of training, including faculty, training sites and training methods (see “Procedure of Family Physician Training Monitoring and Evaluation”);*
- *Evaluation of trainees (see “Procedure of Family Physician Training Monitoring and Evaluation”);*
- *Development of didactic component that emphasizes clinical management rather than theory taught in undergraduate training;*
- *Development and ongoing improvement of specialty modules based on Unified Curriculum;*
- *Rapid expansion of number of clinical training sites.*

Internationally, effective family medicine training programs use many different training sites as clinical rotations and rely extensively on practicing nurses, as well as faculty, for their clinical training experience.

These resources and high quality trainings exist in Armenia but should be redirected and refocused.

### **List of Topics of Unified Curriculum Time as percent of total**

This division to modules is relative due to specialty specification. Many individual modules are usually covered simultaneously when trainees are seeing patients in general practice.

1. Health Promotion and Disease Prevention 3%
2. Primary Health Care Management and Organization 2%
3. Communication and Patient/ Health Education 4%
4. Healthy Lifestyle, Substance Abuse 4,5%
5. Community Health Needs Assessment 2%

6. Nursing Process 1%\*
7. Medical Ethics 0.5%
8. Children's Health 20%
9. Adolescent Health 2%
10. Geriatrics and Care of Older Patients 2%
11. Reproductive Health 3%
12. Women's Health 2,5%
13. Men's Health 2%
14. Care of Patients with Rheumatic Diseases 1%
15. Care of Patients with Skin Diseases 1%
16. Care of Patients with Cardiovascular Diseases 4%
17. Care of Patients with Gastrointestinal Tract Diseases 4%
18. Care of Patients with Urogenital Tract Diseases 4%
19. Care of Patients with Respiratory Diseases 4%
20. Care of Patients with Neurological Diseases 4%
21. Care of Patients with Eye Diseases 2%
22. Care of Patients with ENT Diseases 2%
23. Surgical Patient Care 3%
24. Care of Patients with Endocrine Diseases 4%
25. Care of Patients with Infectious Diseases 2%
26. Tuberculosis 0.5%
27. Urgent and Emergency Care 3%
28. Post-hospitalization Care and Rehabilitation 3%
29. Aspects of Medical Genetics 0.5%
30. Immunologic Disorders and Allergy 0.5%
31. Human Behavior and Mental Health 2.5%
32. Medicines and ways of their Administration 1%
33. Laboratory and Instrumental Examination 2%
34. Palliative and End-of Life Care 3%
35. Medical Informatics and Computer Use 0.5%

At least 2/3 of the training time should be done in the clinical sites, while only 1/3 should be used for theoretical, didactic training in the classrooms and auditoriums. Should use the best clinical practical and training sites.

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\* This modul in integrated in all modules

## HEALTH PROMOTION AND DISEASE PREVENTION

### Introduction

Health promotion and disease prevention are core family medicine values. As health status depends on lifestyles, the training course in family medicine should enable family nurses to educate patients and help them to make healthy choices in their lives.

### Attitudes and Values

1. Definition appreciation of “health” and understanding of the basic human needs according to Maslow and Henderson, as well as the problems that arise when these needs are not Fulfilled
2. Understanding that Deteriorated social/economic conditions are major risk factors for illness and poor health. Family medicine has a critical role in strengthening the most cost-effective preventive measures.
3. Appreciation that personal lifestyle choices are fundamental to disease prevention and health promotion. Recognition that major causes of morbidity and mortality result from lifestyle choices, particularly smoking, diet and lack of exercise. Emphasize the principles of primary, secondary and tertiary prevention.
4. Emphasize patient’s responsibility for his/her own health.
5. Appreciation that health promotion is a science and all disease prevention requires evidence-based attitude.
6. Appreciation that family nurses play an important role in prevention.
7. Appreciation of stress and adaptation and the support provided by family nurses to patients in stressful situations.

<b>Knowledge</b>	<b>Class</b>
1. Definition of “prevention” concept, its principles and methods of implementation.	<b>I</b>
2. Principles of primary, secondary and tertiary prevention.	<b>I</b>
3. Information on the screenings and vaccinations performed in Primary Care.	<b>II</b>
4. Behavioral changes: smoking cessation, healthy diet, physical activity, alcohol moderation, addiction control, safer sexuality, undesired pregnancy avoidance, injury risk reduction.	<b>II</b>
5. Psychosocial factors that determine behavior.	<b>II</b>
6. Health risks and appropriate health promotion activities for different age, gender or other population groups.	<b>I</b>
7. Social-psychological and legal aspects of health promotion of family members.	<b>I</b>
8. Personal hygiene.	<b>I</b>
9. Environment and health.	<b>I</b>
<b>Skills</b>	
1. Ability to translate knowledge into effective communication and motivation building for patients to make healthy lifestyle choices.	<b>I</b>
2. Ability to communicate with patients, skills in conducting different types of group counseling.	<b>I</b>
3. Ability to form effective family – nurse, family – patient – nurse and family – patient – nurse – physician relationships.	<b>I</b>
4. Effective implementation of health promotion/disease prevention interventions (screenings, immunization).	<b>I</b>

## **Implementation**

- Literature review.
- Interactive methods of teaching – role play, small group discussions, video materials, practical sessions.
- Ambulatory and polyclinic facilities, FM offices, schools and hospitals can serve as training sites.
- The FN Department involves appropriate specialists in the training process.
- The FN Department conducts case presentations and discussions for training and experience exchange purposes, as well as to assess the self-study performed by trainees.
- The FN Department performs current and final assessment of the trainees' knowledge and skills.

## **References**

1. Lemon, ch.5 "Health Promotion and Health Education", WHO, European Regional Bureau, Copenhagen, 1996
2. Nursing Practice (vol.1) – ed. by A.F.Krasnov. – Samara, "Perspectiva" PH, 1998
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## PRIMARY HEALTH CARE (PHC) MANAGEMENT AND ORGANIZATION

### Introduction

Every family nurse should have appropriate knowledge and skills to collaborate with governmental and non-governmental structures and to organize effectively daily work of family practice.

### Attitudes and Values

1. Be informed on the health care system laws, sub laws and related documents.
2. Emphasize the importance of Family Nurse Statement and knowledge of the rights and responsibilities presented there.
3. Emphasize the importance of implementing the main PHC principles when organizing work activities of family nurses:  
Assure accessibility of PHC services for all population groups,  
Perform health promotion and disease prevention activities.

Knowledge	Class
1. Main health care laws, sub law acts and regulations.	I
2. Fundamentals of health care system financing and management.	II
3. Principles and concepts of family medicine.	I
4. Family Nurse Statement, the rights, duties, functions and responsibility of family nurses.	I
5. Health care system organization and management.	II
6. The nurse-individual-family-society interrelationship.	I
7. Organization of family nurse practice, related documents.	I
8. Principles of quality assurance.	I
Skills	
1. Balancing personal, professional and public goals.	I
2. Choice of workplace and type of activity.	I
3. Collaboration with governmental and non-governmental organizations as well as other specialists.	II
4. Assessment of community health needs.	I
5. Work and time management.	I
6. Recourse management.	I
7. Accurate and regular accounting.	I

### Implementation

- Literature review.
- Interactive methods of teaching – role play, small group discussions, video materials, practical sessions.
- Ambulatory and polyclinic facilities, FM offices, schools and hospitals can serve as training sites.
- The FN Department involves appropriate specialists in the training process.
- The FN Department conducts case presentations and discussions for training and experience exchange purposes, as well as to assess the self-study performed by trainees.

- The FN Department performs current and final assessment of the trainees' knowledge and skills.

### **References**

1. RA legislation, sub law acts and norms, governmental and MOH decrees.
2. A.A.Ter-Grigoryan: Health care system financing in the Republic of Armenia. Yerevan, 2001.
3. Unified Family Medicine Curriculum – approved by RA MOH Decree N613 of July 21, 2003.
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5. Management – A.M. Gatsan – Moscow, “GEOTAR – MED”, 2002

# COMMUNICATION PATIENT / HEALTH EDUCATION

## Introduction

Human contacts inevitably end in communication. It is important for nurses to analyze their communication with patients and to deliberately use communication skills for the purpose of improving nursing care. The professional qualifications of a nurse are not only a high level of medical knowledge but also the ability to communicate effectively with people, to carry out consultations and to educate people.

The purpose of patient education is to contribute to his/her health promotion and to improve his/her quality of life by how behavior changes can help to prevent diseases and injuries and manage the course of diseases (especially chronic ones). Family nurses should be able to reveal the main problems of a family and to develop a step-by-step plan to address these problems within the frames of their competency.

## Attitudes and Values

1. Recognize the importance of communication skills as an important part of family medicine.
2. Recognize the important role of communication skills in developing motivation for behavior/lifestyle change, health promotion, treatment and rehabilitation.
3. Recognize that communication skills play an important role in patient health education, thus increasing the patient's responsibility for his/her own health.
4. Recognize the importance of communication skills for the effectiveness and comprehensiveness of the first – assessment stage of the nursing process and thus for all the following stages of this process.
5. Recognize the purpose of education programs by including patients in the process of solving their health problems and making them responsible for their lifestyle and quality of life.
6. Recognize the role of education programs in addressing the health problems of an individual patient, a family, a community and society as a whole.
7. Emphasize the need for continuous patient education for healthier lifestyle, more effective recognition of risk factors and disease prevention, as well as for better management and treatment of chronic diseases.
8. Emphasize the importance of psychological support and the role of the family in particular, in chronic or severe diseases and in disability.

Knowledge	Class
1. Bioethical and professional principles of communication: <ul style="list-style-type: none"> <li>○ Patient's rights</li> <li>○ Nurse's rights</li> <li>○ Nurse – patient relationship</li> </ul>	<b>I</b>
2. Basic principles of conducting an interview.	<b>I</b>
3. Interpersonal communication skills and relationships favorable for care provision:	<b>I</b>
4. Purposeful interview	
5. Trust and contact	
6. Ensuring favorable conditions for self-expression.	
7. Trans-theoretical model of “achieving the best lifestyle behavior change”.	<b>I</b>
8. Common mistakes made by nurses in communication with patients.	<b>I</b>
9. Communication techniques, methods, goals, psychological portraits of patients, individual approach.	<b>I</b>
10. Verbal and non-verbal language (gestures, mimic, body position, voice, rhythm).	<b>I</b>

<ul style="list-style-type: none"> <li>➤ Principles of patient and family education.</li> <li>➤ Obstacles in patient and family education.</li> <li>➤ Education areas, conditions for effective education, education process, outcome levels and education results assessment.</li> <li>➤ Age-specific behavior particularities and psychological problems.</li> <li>➤ Notion on diseases, health promotion, disease prevention and management.</li> <li>➤ Family specificities.</li> <li>➤ Families in crisis.</li> <li>➤ Principles of ethics and deontology</li> <li>➤ Principles of communication and collaboration</li> </ul>	<p>I</p> <p>I</p> <p>I</p> <p>I</p> <p>I</p> <p>I</p> <p>I</p> <p>I</p>
<b>Skills</b>	
<ol style="list-style-type: none"> <li>1. Provide comfortable conditions for patient communication.</li> <li>2. Be respectful to patient's lifestyle and values.</li> <li>3. Preparing questions in advance will make the interview more comprehensible for both the nurse and the patient.</li> <li>4. Master ethical principles and legislative norms.</li> <li>5. Cooperate efficiently with the physician, other specialists and family members to the patient's benefit.</li> <li>6. Satisfactory skills in written speech including use of non-professional terms understandable for the population.</li> <li>7. Gain patient's trust; decrease/overcome his/her resistance.</li> <li>8. Provide feedback to patients.</li> <li>9. Effective team work with the family physician.</li> <li>10. Patient information/ educational needs assessment.</li> <li>11. Reveal and overcome obstacles to patient education.</li> <li>12. Master different approaches and methods of teaching, explain health problems in a clear and understandable language ☿interactive, equal-to-equal☿.</li> <li>13. Development and implementation of short-term and long-term education plans.</li> <li>14. Provide the nursing component in patient and family education.</li> <li>15. History taking, physical examination, nursing diagnosis.</li> <li>16. Health education corresponding to the course of the disease and patient needs.</li> <li>17. Assessment of patient/family education particularities.</li> <li>18. Patient education on danger signs recognition and self-help/ mutual aid skills.</li> </ol>	<p>I</p> <p>II</p> <p>I</p> <p>I</p> <p>I</p> <p>I</p> <p>I</p> <p>I</p> <p>I</p>

### Implementation

Acquisition of attitudes, knowledge and skills presented take place throughout training in Family Medicine. Outpatient facilities, polyclinics, offices of family physicians, hospitals and emergency care stations can serve as training settings.

- Literature review.
- The FN Department includes training in efficient patient communication in clinical trainings as well as in Family Medicine retraining courses for nurses.
- Trainees in Family Medicine attend lectures, perform role plays, conduct discussions in small groups, provide patient counseling and work with patients.
- FN trainees assess the course and their immediate clinical supervisor (physician or nurse). The FN Department takes into account the results of this assessment for continuous quality improvement.
- Training on effective patient education methods at the FN Department.

- The FN Department ensures acquisition of appropriate knowledge and skills, as well as involves appropriate specialists in the training process.
- The FN Department conducts case presentations and discussions for training and experience exchange purposes, and performs current and final assessment of the trainees' knowledge and skills.

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## HEALTHY LIFESTYLE, SUBSTANCE ABUSE

### Introduction

Healthy lifestyle with a rational and balanced diet and physical exercise are key factors that affects human health, physical and creative abilities and longevity. In the course of time dietary habits have changed and healthy lifestyle principles have been abandoned. The share of animal fats, simple carbohydrates and salt in the diet has increased. Poorly balanced diet together with hypodinamia, sedentary lifestyle, smoking and other bad habits are major risk factor for different diseases.

According to the WHO “Health for everyone in 21-th century” program, addictive substances that have negative impact on health – alcohol, tobacco, substances causing dependence, cause serious social and health care problems all over the world. According to the WHO data there are approximately 1,1 billion smokers in the world; smoking can cause about 500 million untimely deaths, more than half of which include children and adolescents. Because of smoking, one death occurs every 10 seconds. Tobacco kills every tenth person in the world.

### Attitudes and Values

1. Recognize the role of nutrition in health promotion and consider it as an integral part of Primary Health Care.
2. Emphasize the importance of evidence-based principles of disease prevention and health promotion.
3. Understand that both malnutrition and overweight or obesity can cause different disorders.
4. Recognize that mortality and morbidity rates of different diseases could be significantly reduced through healthy diet.
5. Recognize the role of different factors affecting dietary habits:
  - i.cultural specificities (family, community, ethnicity, religion, dietary preferences);
  - ii.socioeconomic factor (living standards of the family, income level, accessibility and affordability of food products);
  - iii.socio-psychological and mental health factor (depression, mental disorders);



Diet of the adults of different age groups Nutritional aspects of pregnancy and lactation Diet of the elderly Nutrition of different professional groups	
5. Principles of healthy lifestyle in the prevention and treatment of certain diseases.	<b>I</b>
6. Secondary malnutrition caused by a disease.	<b>II</b>
7. Use of food supplements.	<b>I</b>
8. Weight loss strategies and counseling.	<b>I</b>
9. Allergies and food intolerance.	<b>I</b>
10. Physical activity and rational, balanced diet.	<b>I</b>
11. Parenteral nutrition	<b>II</b>
12. Negative consequences of tobacco abuse for individuals and the society.	
13. Prevention strategies and their unique characteristics in different population groups: Primary Secondary Tertiary	<b>I</b>
14. Clinical aspects of tobacco use, abuse and dependence: Substance characteristics Process of substance dependence formation. Immediate and remote negative effects for individuals and their progeny	<b>I</b>
15. Social, clinical, legal and ethical aspects of tobacco use: Dangerousness of the smoker for family members due to psychological and behavioral changes. Legal and ethical issues related to tobacco use.	<b>I</b>
16. The role of physical exercise in health promotion.	<b>I</b>
17. Physical exercise appropriate for the physiologic state.	<b>I</b>
18. Preliminary health examination in people who want to go in for sports. Prevention of sports injuries.	<b>I</b>
19. Physical exercise in patients with chronic diseases.	<b>I</b>
20. Physical, mental, psychological and socioeconomic status assessment in smokers.	<b>I</b>
21. Effective communication and favorable relationships with the smoker and his/her family.	<b>I</b>
22. Emergency care in cases of tobacco intoxication.	<b>I</b>
23. Negative consequences of the use of psychoactive substances for individuals, communities and the country.	<b>I</b>
24. Specific psychoactive substances most commonly used in RA and their effects on humans.	<b>I</b>
25. Prevention strategies and their unique characteristics in different population groups: Primary Secondary Tertiary	<b>I</b>
26. Social, clinical, legal, ethnical and ethical aspects of psychoactive substance use: Dangerousness of the psychoactive substance abuser for family members due to psychological and behavioral changes.	<b>I</b>

<p>The dangerousness of psychoactive substance abuser for the community.  Legal, ethnical and ethical issues related to potential dangerousness of psychoactive substance abuser</p> <p>27. Clinical aspects of psychoactive substance use, abuse and substance dependence:</p> <ul style="list-style-type: none"> <li>• Substance characteristics, pharmacokinetics and pharmacodynamics.</li> <li>• Process of substance dependence formation.</li> <li>• Overdosing, intoxication and possible life-threatening complications.</li> <li>• Immediate and remote negative effects for individuals and their progeny.</li> </ul> <p>28. Supervision performed by the family nurse under personal responsibility of the physician in issues related to psychoactive substance use.</p>	<p>I</p> <p>I</p>
<b>Skills</b>	
<ol style="list-style-type: none"> <li>1. Healthy diet “pyramid” advocacy.</li> <li>2. Counseling on rational diet.</li> <li>3. Counseling on weight control, balanced calories uptake and physical exercise.</li> <li>4. Counseling on vitamin and mineral intake.</li> <li>5. Collaboration with dieticians and other specialists.</li> <li>6. Counseling on rational diet and physical exercise in pre- and postpartum period.</li> <li>7. Diet and physical exercise prescription in accordance with patient’s health status and health problems. <ul style="list-style-type: none"> <li>• Ambulatory and polyclinic facilities, FM offices, and hospitals can serve as training sites.</li> <li>• Risk groups disclosure, assessment and management in other diseases.</li> </ul> </li> </ol> <p><b>A. Prevention</b></p> <ol style="list-style-type: none"> <li>1. Public/ patient education on tobacco use, its effects, causes of use, possible complications and dangers.</li> <li>2. Awareness of family problems resulting from smoking and possible danger threatening such families, provision of support and counseling to such families.</li> <li>3. Detection of disorders and diseases most commonly related to tobacco smoking, as well as of individuals and population groups at increased risk for tobacco use and preventive work with these groups.</li> <li>4. Community counseling</li> </ol> <p><b>B. Assessment</b></p> <ol style="list-style-type: none"> <li>1. Assessment of physical, mental, psychological and socioeconomic status of smoking patients:</li> </ol> <p>History taking.  Physical examination, including behavior and mental status examination.  Laboratory and instrumental investigations.  Assessment and management of pain syndrome.</p>	<p>I</p> <p>I</p> <p>I</p> <p>I</p> <p>I</p> <p>I</p> <p>I</p> <p>I</p> <p>II</p> <p>I</p> <p>I</p> <p>I</p> <p>I</p> <p>I</p>

2. Effective communication with smoking patients and members of their families.	I
<b>C. Management of the health problem and follow-up care</b>	
• Emergency care in cases of tobacco intoxication.	I
• Counseling and collaboration with appropriate narrow specialists in cases of substance dependence.	I
• Effective communication with smoking patients and members of their families, smoking cessation advocacy.	I
• Patient education and counseling.	I
<b>A. Prevention</b>	
Public/ patient education on psychoactive substances, their effects, causes of use, possible complications and dangers.	I
Awareness of family problems resulting from psychoactive substance abusers and possible danger threatening such families, provision of support and counseling to such families.	I
Analysis of the existing situations, professional decision-making, counseling.	I
Implementation and documentation of different stages of nursing process.	I
<b>Assessment</b>	
• Assessment of physical, mental, psychological and socioeconomic status of patients with substance abuse:	I
History taking.	
Behavior and mental status examination.	
Assessment and management of pain syndrome.	
• Follow-up health and behavior assessment.	I
• Emergent care in cases of severe alcohol or other substance intoxication.	I
• Physical and social rehabilitation of the patient and his/her family.	I
• Medical record-keeping.	I

### Implementation

- Literature review.
- Role plays performed by the trainees and small group discussions.
- FN trainees assess the course and their immediate clinical supervisor.
- The FN Department takes into account the results of this assessment for continuous quality improvement.
- Ambulatory and polyclinic facilities, FM offices, and hospitals can serve as training sites.

### References

1. Family Nursing Curriculum (Yerevan, 2003).
2. Tobacco and its Negative Effects (Manual for nurses), 2002.
3. Fundamentals of Exercise Therapy, 2001.
4. Practical Guideline for Family Nurses, part 3, p.64.
5. Reference Book for General Practitioners, ed. by Academician I.R.Paleyev, Moacow, 2002.
6. WORLD HEALTH ORGANIZATION-2000.

7. Encyclopedic Reference for Nurses, Physician Assistants and Midwives – ed. by V.I.Borodulin. – Moscow, Alliance-B, 1998.
8. Nursing Practice – Reference – T.S.Shcherbakova – “Medicine since the 28<sup>th</sup> day of WHO” series, Rostov-na-Donu, “Phoenix”, 2000.
9. Reference Book for Nurses – I.M.Menjeritskiy, “Medicine for You”, Rostov-na-Donu, “Phoenix”, 1999.
10. Essentials of Exercise Physiology. William D. Ardle, Frank J. Katch. Victor L. Katch, Livingstone, 1992.
11. Sport injury Management, Students workbook. Marcia K . Anderson, Susan J. Hall, Malissa Mertin. Williams & Wilkins, 1995.
12. Sports medicine for primary care physicians, 2d ed. . Birrer RB , ed. Boca raton, FL,CRC, 1994.
13. Manual for Nurses, “Lemon”; 1999.
14. “Theoretical Fundamentals of Nursing Practice” manual – “VEV-PRINT” publishers, Yerevan, 2001.
15. Reference on Medicine. – R.Bercow, Moscow, 1997.
16. Everything on Patient Care. – Moscow, 1998.
17. Fleming MF, Barry KL, eds. Addictive disorders; St. Louis; Mosby, 1992.

## COMMUNITY HEALTH NEEDS ASSESSMENT

### Introduction

The new “Health for everyone in 21-th century” WHO European Regional Health Strategy presents a new nursing model with the family nurse playing the key role in addressing the needs of a family in community context. This task is to be fulfilled throughout the patient’s lifespan and in the ongoing interchanging conditions of health and disease. Such responsibilities require deep knowledge of health characteristics and should be performed in accordance with Primary Health Care and Public Health principles.

### Attitudes and Values

1. Recognize the importance of community health needs assessment.
2. Understands the goals of needs assessment.
3. Clearly define notions of “health” and “need”.
4. Recognize factors that impact health.
5. Emphasize community participation in addressing health-related issues.
6. Recognize the necessity of collaboration with appropriate specialists and agencies.

Knowledge	Class
1. Age and gender composition of the population, demographics and religion, mortality and birth rates, morbidity, behavior and “quality of life” criteria.	<b>I</b>
2. Priority determination, activity planning and implementation.	<b>II</b>
3. Basic Public Health laws, sub law acts and regulations.	<b>II</b>
4. The role of the nurse in addressing the needs of vulnerable population.	<b>II</b> <b>I</b>
5. Health management and organization.	
6. Norms of medical ethics.	
Skills	
1. Collaboration with governmental and non-governmental agencies and other specialists.	<b>II</b>

2. Build a team of associates.	<b>I</b>
3. Human resource management and distribution of responsibility.	<b>I</b>
4. Work and time planning.	<b>I</b>
5. Resource management.	<b>I</b>
6. Effective patient communication.	<b>I</b>
7. Observance of ethical principles and legal norms.	<b>I</b>
8. Medical record-keeping.	<b>I</b>

### Implementation

- Literature review.
- Interactive methods of teaching – role play, small group discussions, video materials, practical sessions.
- Ambulatory and polyclinic facilities, FM offices, schools and hospitals can serve as training sites.
- The FN Department involves appropriate specialists in the training process.
- The FN Department conducts case presentations and discussions for training and experience exchange purposes, as well as to assess the self-study performed by trainees.
- The FN Department performs current and final assessment of the trainees’ knowledge and skills.

### References

1. Community Health Needs Assessment. – ed. by S.G.Hovhannisyan, “Nahapet”, Yerevan, 2002.
2. RA legislation, sublaw acts and norms, Government and MOH decrees.
3. Unified Family Medicine Curriculum – approved by RA MOH Decree N613 of July 21, 2003.
4. Nursing Practice (vol.1) – ed. by A.F.Krasnov. – Samara, “Perspectiva” PH, 1998
5. “Medical Ethics” (Bioethics) – M.Ya.Yarovinskiy; Moscow, “Meditsina”, 2001

## NURSING PROCESS

### Introduction

Humans have certain basic needs (food, air, sleep, etc.) to live a healthy and happy life. These needs are satisfied during a person’s lifespan, through normal functioning of different organs and systems of human organism. Diseases impair normal functions of body systems and organs and impede satisfaction of these basic needs thus resulting in discomfort. Family nurses should be able to recognize such conditions in patients and support recovery.

### Attitudes and Values

1. Recognize the basic needs of patients.
2. Understand the impact of the disease on satisfaction of these basic needs.
3. Emphasize nursing process as a scientific approach to nursing practice.
4. Recognize age-related specificities in the basic needs (from childhood till old age, as well as during pregnancy).

<b>Knowledge</b>	<b>Class</b>
1. Basic human needs according to Maslow and Henderson: <ul style="list-style-type: none"> <li>○ physiologic</li> <li>○ safety</li> <li>○ social needs</li> </ul>	<b>I</b>

<ul style="list-style-type: none"> <li>○ respect and self-esteem</li> <li>○ self-expression</li> </ul> <p>2. Essence and stages of the nursing process:</p> <ul style="list-style-type: none"> <li>○ primary assessment of the patient's state</li> <li>○ acquired data analysis, problem determination (nursing diagnosis)</li> <li>○ care planning</li> <li>○ care provision</li> <li>○ final assessment of the result of the care provided</li> </ul>	<b>I</b>
<b>Skills</b>	
<ol style="list-style-type: none"> <li>1. Counseling on basic human needs.</li> <li>2. Patient assessment through subjective, physical and other examinations.</li> <li>3. Determination of the impaired needs.</li> <li>4. Problem definition.</li> <li>5. Planning the goals of nursing care (assessment frequency estimation).</li> <li>6. Nursing interventions.</li> <li>7. Assessment of the results of the nursing care (by the patient, his/her family and the nurse), problem reassessment and new nursing care planning.</li> <li>8. Documental justification of the nursing process.</li> </ol>	<b>I</b> <b>I</b> <b>I</b> <b>I</b> <b>I</b> <b>I</b>  <b>I</b>

### Implementation

Acquisition of attitudes, knowledge and skills presented takes place throughout training in Family Medicine. Outpatient facilities, polyclinics, offices of family physicians, hospitals and emergency care stations can serve as training settings.

- Literature review.
- Interactive methods of teaching – problem-based approach, case analysis, role play, small group discussions, etc.
- Under the supervision of their trainers and/or other specialists FN trainees see patients in outpatient settings, recognize and assess risk factors, provide health education and healthy lifestyle advocacy.
- The FN Department conducts case presentations and discussions for training and experience exchange purposes, as well as to assess the self-study performed by trainees.
- The FN Department performs current and final assessment of the trainees' knowledge and skills.
- FN trainees assess the course and their immediate clinical supervisor (physician or nurse). The FN Department takes into account the results of this assessment for continuous quality improvement.

### References

Reference Book for Nurses. – O.L.Zadvornaya, M.Kh.Turyanova – Moscow, “Novaya Volna”, 2001.  
 Everything on Patient Care at Home and in Hospital. – ed. by B.P.Mashtakov – Moscow, 1999.  
 Nursing Practice – Reference – T.S.Shcherbakova – “Phoenix”, 2000

## BIOMEDICAL ETHICS

### Introduction

Ethics is an integral component of medical practice. Family nurses deal with patients of different religions, social status, educational levels and age groups. Such activity requires information on different population groups, communication skills, as well as knowledge on ethical standards.

### Attitudes and Values

1. Recognize the value of human life, human dignity, and display respectful attitude towards different cultural and social values, and religious beliefs.
2. show respectful attitude towards ethical issues rose by the patient and associated with his/her disease.
3. Observe medical confidentiality.
4. Have realistic self-assessment, knowing the limits of one's expertise and referring when it is in the patient's best interest.

Knowledge	Class
1. Impact of beliefs, traditions, cultural values and particularities and prejudices on nurse- patient- family relationship.	I
2. Ethical principles: <ul style="list-style-type: none"> <li>• Rights of patients and nurses</li> <li>• Duties of patients and nurses</li> <li>• Responsibilities of patients and nurses</li> </ul>	I
3. Ethical aspects of the relationship with narrow specialists, pharmacists and other specialists.	II
4. Ethical principles of certain special medical conditions, laws and regulations: <ul style="list-style-type: none"> <li>• Religious sects and health</li> <li>• STDs, HIV/AIDS</li> <li>• Adolescents and minors</li> <li>• Elderly patients</li> </ul>	II
5. Family physician/nurse relationships.	I
Skills	
➤ Decision-making on ethical issues in certain situations.	I
➤ Acquiring patient's or family's informed consent.	I
➤ Care of terminally ill patients.	I
➤ Increasing patient's responsibility for his/her own health.	I

### Implementation

- Literature review.
- Interactive methods of teaching – role play, small group discussions, video materials, practical sessions.
- Ambulatory and polyclinic facilities, FM offices, schools and hospitals can serve as training sites.
- The FN Department involves appropriate specialists in the training process.
- The FN Department conducts case presentations and discussions for training and experience exchange purposes, as well as to assess the self-study performed by trainees.

- The FN Department performs current and final assessment of the trainees' knowledge and skills.

## References

1. Unified Family Medicine Curriculum – approved by RA MOH Decree N613 of July 21, 2003.
2. Lemon, ch.9 “Aspects of Professional Ethics and Morale”, WHO, European Regional Bureau, Copenhagen, 1996
3. Nursing Practice (vol.1) – ed. by A.F.Krasnov. – Samara, “Perspectiva” PH, 1998
4. Encyclopedic Reference for Nurses, Physician Assistants and Midwives – ed. by V.I.Borodulin. – Moscow, “Oniks” Publishing House: Alliance-B, 1999
5. “Medical Ethics” (Bioethics) – M.Ya.Yarovinskiy; Moscow, “Meditsina”, 2001.
6. Medical Nurse, vol.1, Moscow, 2006

## CHILDREN'S HEALTH

### Introduction

Children under 5 years old are the most vulnerable population group as morbidity and mortality from acute respiratory infections; accidents and traumas in this age group remain high. Health promotion and disease prevention in children will occupy a large part of the family nurse's time.

### Attitudes and values

1. Recognize the importance of health promotion, disease prevention, treatment and rehabilitation in children.
2. Appreciate the necessity of preventive measures and provide appropriate information on prevention to families and the community.
3. Emphasize prevention and treatment of diseases, accidents and injuries that are common in childhood.
4. Emphasize awareness of social, cultural and environmental factors that impact children's health and welfare.
5. Emphasize education of children, family and society on environmental factors that impact children's health and welfare.
6. Emphasize formation of effective communication skills in children (in the family, kindergartens and schools).
7. Recognize the importance of securing healthy psychological microclimate in the family.

Knowledge	Class
1. Sociomedical and legal fundamentals of maternity and child care.	<b>II</b>
2. Neonatal nursing care	<b>II</b>
3. Pathology of the neonatal period (physical examination).	<b>I</b>
4. Specificities of physiology and care of younger children.	<b>II</b>
5. Age-specific anatomical and physiologic issues.	<b>I</b>
6. Healthy child visits and recommended volume of preventive interventions	<b>I</b>
7. Health screenings appropriate for age and risk factors.	<b>I</b>
8. Prevention of common diseases.	<b>I</b>
9. Immunization: national calendar, its importance, indications and contraindications to vaccination, possible complications.	<b>I</b>
10. Prevention of common injuries, burns and traumas, and safety assurance in different age groups.	<b>I</b>
11. Emergency cases.	<b>I</b>
12. Oral cavity, ear, nose and eye sanitation.	<b>I</b>
13. Massage and bathing for prevention and treatment purposes in different age groups.	<b>II</b>
	<b>I</b>

14. Congenital and acquired metabolic diseases in children.	I
15. Appropriate care of childhood infectious diseases.	
16. Children's growth and upbringing: common psychological problems.	II
17. Common clinical syndromes – abdominal pain, headache, fever, growth problems, etc.	II
18. Social and ethical issues (particularly family violence, problems with peers).	II
19. Child's behavioral issues.	
20. Health promotion through working with the child and the family.	II
21. Lifestyle improvement: rational diet, tempering, personal hygiene, day regimen physical exercise and sports).	II
22. Communication and relationship with children and parents	I
23. Medical record-keeping.	
24. Nursing process.	I
	I
<b>Skills</b>	
1. Neonate status evaluation, including APGAR scoring.	I
2. Care of newborns, particularly feeding and clothing, as well as care of skin, umbilicus and eyes.	I
3. Reflex checking in neonates.	I
4. Counseling on breastfeeding.	I
5. Teaching breastfeeding technique.	I
6. Healthy child visits according to recommended schedules:	I
• Health screenings (head circumference, chest circumference, weight, height, growth, blood pressure, hearing, vision, cryptorchidism, breastfeeding observation, hip joint, strabismus).	
• Disease and injury prevention (immunization, pharmacological prophylaxis, counseling).	
• Growth and sexual maturation assessment	
• Child's neuro-psychological development assessment.	
7. Management of emergency cases.	II
8. Medical record keeping and patient oversight.	I
9. Coordination of joined work with other specialists.	I
10. Health education of the patient, family and society.	II
11. Medical documentation management.	I

### Implementation

- Literature review.
- Interactive methods of teaching.
- The FN Department conducts case presentations and discussions for training and experience exchange purposes, as well as to assess the self-study performed by trainees.
- Under the supervision of the FN trainer or pediatrician trainees perform the following:
  - Performs all the healthy child visits, health screenings, participates in preventive measures and counseling for parents, makes records in his/her own log-book.
  - The FN Department is responsible for availability of appropriate clinical training settings.
  - The FN Department performs current and final assessment of the trainees' knowledge and skills.

- FN trainees assess the course and the FN Department takes into account the results of this assessment for continuous quality improvement.

## References

- Guide in Child Primary Health Care. – ed. by Konstandin Ter-Voskanyan, 2000. Yerevan,
- WHO programs in children’s health care approved by MOH RA – feeding, immunization, IMCI, etc.
- Basics of Immunoprophylactics. MOH RA, UNICEF, 2001.
- Care of children under 1 year of age – Armenia, 1998. Jinishyan foundation
- Care of children of 1-3 years of age – Armenia, 1998. Jinishyan foundation

## ADOLESCENT HEALTH

### Introduction

Adolescence is a specific life period from the age of 10 to 20 when one is no longer a child and not yet an adult. Adolescent period has the following unique characteristics:

Morphological  
 Physiologic  
 Psychological  
 Social  
 Clinical

### Attitudes and Values

1. Understand the psychological specificities of adolescent age and use this knowledge when working with adolescents and their families.
2. Detect health problems and ensure follow-up care of adolescents with chronic diseases.
3. Emphasize family counseling skills on healthy lifestyle, prevention of bad habits and other relevant issues.
4. Recognize the importance of establishing trusting relationship between the nurse and the adolescent.

Knowledge	Class
1. Physiologic characteristics of adolescence.	I
2. Psychological characteristics of adolescence.	I
3. Behavioral characteristics of adolescence.	I
4. Healthy lifestyle and disease prevention.	I
5. Assessment and prevention of primary behavioral risks affecting health and life of adolescents.	I
6. Diseases specific for adolescents.	II
➤ STI in adolescents	
➤ Mental diseases (suicides and depressions)	
➤ Acne	
➤ Dysfunctional hormonal abnormalities	
7. Pre-military age issues.	II
8. Independence and self-esteem.	I
Skills	
1. Counseling on sexual development and juvenile sensuality.	I

2. Family counseling on sexual education issues.	I
3. Counseling on STDs, HIV/AIDS.	I
4. Counseling on family planning.	I
5. Detection and prevention of bad habits by the family nurse.	I
6. Healthy lifestyle advocacy.	II
7. Counseling on rehabilitation issues.	I
8. Support in preparation to military service.	I
9. The role of the family nurse in morbidity reduction. Adolescent morbidity characteristics.	II
10. Follow-up care of adolescents with chronic diseases.	II
11. Parent counseling on adolescent rehabilitation and resort treatment.	I
12. Medical record-keeping.	I

### Implementation

- Literature review.
- Interactive methods of teaching – role play, small group discussions, video materials, practical sessions.
- Ambulatory and polyclinic facilities, FM offices, schools and hospitals can serve as training sites.
- The FN Department involves appropriate specialists in the training process.
- The FN Department conducts case presentations and discussions for training and experience exchange purposes, as well as to assess the self-study performed by trainees.
- The FN Department performs current and final assessment of the trainees’ knowledge and skills.

### References

- Nursing Practice – Reference – T.S.Shcherbakova – “Phoenix”, 2000  
Reference Book for Nurses – I.M.Menjeritskiy – “Phoenix”, 1999  
Lemon, ch.1 “Life, Health and Environment”, WHO, European Regional Bureau, Copenhagen, 1996  
Lemon, ch.8 “Clinical Nursing Practice”, WHO, European Regional Bureau, Copenhagen, 1996  
Lemon, ch.7 “Healthy Parenthood”, WHO, European Regional Bureau, Copenhagen, 1996

## GERIATRICS AND CARE OF OLDER PATIENTS

### Introduction

Geriatrics is a new specialty resulting from the needs of a increasing older adults population

Older adults need medical care more than people of other age groups. Family nurses as specialists who work directly with population can organize the care of older patients in the most optimal way.

### Attitudes and values

1. Recognize importance of respect and preservation of the ability for self-care.
2. Emphasize the role of the family and home environment in health promotion, treatment and care of the elderly.
3. Emphasize the empathic attitude towards elderly patients, quality of treatment and care and balance between medical interventions and expenditures of the family.
4. Emphasize team approach and care management in dealing with health and social problems in the elderly.

Knowledge	Class
1. The role of the elderly in the society.	I
2. Prejudices towards the elderly.	I
3. Anatomic and physiologic aspects of aging and psychological changes linked to them.	I
4. Importance of leading an active life in the old age.	I
5. The biosphere of the elderly	I
6. Health promotion and disease prevention in the elderly, particularly injury prevention and rational nutrition.	I
7. The particular issues and management of common medical conditions in the elderly.	II
8. End-of-life issues and palliative care.	I
9. Fundamentals of pharmacology in geriatric patients.	I
Skills	
1. Health education and disease prevention, counseling and performing appropriate screenings.	I
2. Assessment of mental state.	II
3. Physical examination and assessment of physical status.	I
4. Assessment of ability for self-care.	I
5. Evaluation and outpatient management of common medical problems in the elderly.	I
6. Treatment and care organization at home.	II
7. Communication with patients, their milieu and community.	II
8. Collaboration with other specialists.	II
9. Medical record-keeping.	I

### Implementation

- Literature review.
- Interactive methods of teaching – role play, small group discussions, video materials, practical sessions.

- Ambulatory and polyclinic facilities, FM offices, and hospitals can serve as training sites.
- The FN Department involves appropriate specialists in the training process.
- The FN Department conducts case presentations and discussions for training and experience exchange purposes, as well as to assess the self-study performed by trainees.
- The FN Department performs current and final assessment of the trainees' knowledge and skills.

**References**

- Nursing Practice in Geriatrics. – Manual, Yerevan, 2004
- Reference Book for Nurses. – O.L.Zadvornaya, M.Kh.Turyanova – Moscow, “Novaya Volna”, 2001.
- Fundamentals of Gerontology. – E.N.Khrinsafova, Moscow, “Vlados”, 1999.
- “Medical Ethics” (Bioethics) – M.Ya.Yarovinskiy; Moscow, “Meditsina”, 2001.

**REPRODUCTIVE HEALTH**

**Introduction**

Besides reproductive health problems women of all the age groups have specific general health problems and needs that may impact the reproductive function. Reproductive health module also addresses male reproductive health, main factors that affect it, the role of health lifestyle in disease prevention, as well as early diagnosis and care of common diseases. Inclusion of all the aforementioned topics in the family nurse training will contribute to prolongation of the reproductive age and improved quality of life.

**Attitudes and Values**

1. Recognize the basic aspects of different psycho-physiologic periods in a woman's life.
2. Holistic, rather than organ and system approach to women's health and health problems.
3. Family planning as part of Primary and Mother and Child Health Care, and a system of socio-medical measures aimed at women's health promotion.
4. Appreciate the importance of male reproductive health in family planning and recognize the main factors affecting it.
5. Define main patient problems; provide counseling on disease prevention, care and rehabilitation.

<b>Knowledge</b>	<b>Class</b>
1. Normal growth and development, morpho-functional characteristics of different age groups (male and female): <ul style="list-style-type: none"> <li>• childhood</li> <li>• adolescence</li> <li>• adulthood</li> <li>• senility</li> </ul>	<b>I</b>
2. Menstrual function: <ul style="list-style-type: none"> <li>• Premenstrual syndrome</li> <li>• Physiology of the menstrual function</li> </ul>	<b>I</b>
3. Types of state policy in family planning. Contemporary methods of family planning.	<b>I</b>

<p>4. Physiological, psychological, legal, social and ethical problems faced by women.</p> <p>5. Hereditary diseases.</p> <p>6. Psychological atmosphere in the family, a desired child.</p> <p>7. Preparation to parenthood.</p> <p>8. Hygiene of a prospective mother.</p> <p>9. Early detection of pregnancy (see the Women's Health module).</p> <p>10. Post-abortion care, recognition of danger signs (see the Women's Health module).</p> <p>11. Counseling on breastfeeding (see the Women's Health module).</p> <p>12. Pre- and postpartum care (see the Women's Health module).</p> <p>13. Cancer screenings in male and female patients.</p> <p>14. Factors affecting the emotional state of a woman.</p>	<p><b>I</b></p> <p><b>II</b></p> <p><b>I</b></p> <p><b>I</b></p> <p><b>I</b></p> <p><b>I</b></p> <p><b>I</b></p> <p><b>I</b></p> <p><b>I</b></p> <p><b>I</b></p> <p><b>II</b></p> <p><b>II</b></p> <p><b>I</b></p>
<p>15. Sexual life in pregnancy.</p> <p>16. Problems faced by the couple after childbirth.</p> <p>17. Labor law: protection of women's rights.</p> <p>18. Menopause (see the Women's Health module).</p> <p>19. Pregnancy after 35. Joys and problems of single motherhood.</p> <p>20. Infertile marriage. Female infertility. Male infertility.</p> <p>21. Physiologic and socio-emotional characteristics specific for middle-aged women.</p> <p>22. Common health problems and their effects on male and female reproductive health.</p> <p>    a. Stress</p> <p>    b. Bad habits</p> <p>    c. Hypodinamia, etc.</p> <p>23. Sexual needs and functional disorders.</p> <p>24. Counseling of patients with STDs, HIV/AIDS.</p>	<p><b>I</b></p> <p><b>II</b></p> <p><b>I</b></p> <p><b>II</b></p> <p><b>II</b></p> <p><b>II</b></p> <p><b>II</b></p> <p><b>I</b></p> <p><b>II</b></p> <p><b>II</b></p> <p><b>II</b></p> <p><b>II</b></p> <p><b>II</b></p>
<b>Skills</b>	
<p>1. Healthy lifestyle advocacy and establishment of trust relationship.</p> <p>2. Pre- and postpartum care (see the Women's Health module).</p> <p>3. Determination of the uterine fundus during pregnancy and in the postpartum period (see the Women's Health module).</p> <p>4. Breastfeeding technique (see the Children's Health module). Reproductive function control.</p> <p>5. Neuro-psychological state assessment.</p> <p>6. Cervical and vaginal smear taking.</p> <p>7. Urethral smear taking.</p> <p>8. Breast examination, teaching breast self-examination technique.</p> <p>9. Pregnancy strip test.</p> <p>10. Counseling on family planning.</p> <p>11. Assessment in menstrual function disorders and premenstrual syndrome.</p> <p>12. Hypodinamia control.</p> <p>13. Counseling on prevention.</p>	<p><b>I</b></p> <p><b>I</b></p> <p><b>I</b></p> <p><b>I</b></p> <p><b>II</b></p> <p><b>I</b></p>

14. Assessment of risk factors affecting reproductive health.	<b>II</b>
15. Reproductive organ cancer screenings.	<b>I</b>
16. Counseling on menopause–related issues.	<b>I</b>
17. Counseling on STDs, HIV/AIDS.	<b>I</b>
18. Postoperative counseling and care.	<b>I</b>
19. Medical record-keeping.	

### **Implementation**

Ambulatory and polyclinic facilities, FM offices, and hospitals can serve as training sites for this module.

- Literature review.
- Interactive methods of teaching – role play, small group discussions, video materials, practical sessions.
- The FN Department involves appropriate specialists in the training process.
- The FN Department conducts case presentations and discussions for training and experience exchange purposes, as well as to assess the self-study performed by trainees.
- The FN Department performs current and final assessment of the trainees’ knowledge and skills.

### **References**

Nursing Practice – Reference – T.S.Shcherbakova – “Phoenix”, 2000  
Reference Book for Nurses – I.M.Menjeritskiy – “Phoenix”, 1999  
Lemon, ch.7 “Healthy Parenthood”, WHO, European Regional Bureau, Copenhagen, 1996  
Lemon, ch.8 “Clinical Nursing Practice”, WHO, European Regional Bureau, Copenhagen, 1996

## WOMEN'S HEALTH

### Introduction

The main aim of the training program in obstetrics and gynecology for family nurses is to provide health care services to women and girls. High quality obstetrical and gynecological care provision requires appropriate knowledge and skills for proper organization of patient care and counseling.

### Attitudes and Values

1. Emphasize the health of women and girls in the family.
2. Emphasize family planning as an integral part of women's health care.
3. Recognize the importance of appropriate pre- and postpartum care.
4. Recognize the impact of pre- and postmenopausal period on women's health.

Knowledge	Class
1. Normal anatomy and physiology of female genital tract in different age groups. Personal hygiene. The role of family nurse in women's health promotion. Normal menstrual cycle.	I
2. Main types of gynecologic problems (menstrual cycle disorders, inflammatory diseases, pre-cancer conditions, benign and malignant tumors).	II
3. Principles of gynecologic patient examination.	I
4. STDs, HIV/AIDS.	I
5. Menopausal period management.	I
6. Mammary gland diseases.	I
7. Pregnancy diagnostic. Doubtful, probable and true signs of pregnancy.	II I
8. Normal pregnancy. Registration and surveillance of pregnant women.	I
9. Ante- and postnatal care. Physical and psychological preparation to childbirth.	I II
10. Hygiene of a pregnant woman. Sexual life during pregnancy. Sex hygiene.	II I
11. Diet of a pregnant woman.	II
12. Antenatal assessment of the fetus.	
13. Post-abortion care, danger signs recognition and counseling.	
14. Methods of family planning.	
15. Collaboration with other facilities and specialists.	
Skills	
1. Psychological preparation of patients of different age groups for gynecological examination.	I
2. Breast examination.	I
3. Counseling on breastfeeding.	I
4. Teaching breastfeeding technique.	I
5. Counseling of patients with STDs, HIV/AIDS.	I
6. Examination of vagina with speculum and bimanual examination.	I
7. Vaginal, cervical and urethral smear taking.	I
8. Counseling on use of contraceptives.	I
9. Uterine fundus and abdomen circumference determination.	I

10. Attitude of fetus (lie, position, presentation).	I
11. Fetal heartbeat auscultation and count.	I
12. Term of pregnancy and due delivery date determination.	I
13. Weight and height measurement in pregnant women.	I
14. Danger signs recognition and management in ante- and postnatal period.	I
15. Pulse and blood pressure measurement in pregnant women.	I
16. Proteinuria diagnostic in pregnant women.	I
17. Blood glucometry measurement in pregnant women.	I
18. Preparing gynecological instruments for procedures.	I
19. Counseling on diet (during pregnancy and postnatal period).	I
20. Medical record-keeping.	I

### **Implementation**

- Literature review.
- Interactive methods of teaching – role play, small group discussions, video materials, practical sessions.
- Ambulatory and polyclinic facilities, FM offices, and hospitals can serve as training sites.
- The FN Department involves appropriate specialists in the training process.
- The FN Department conducts case presentations and discussions for training and experience exchange purposes, as well as to assess the self-study performed by trainees.
- The FN Department performs current and final assessment of the trainees’ knowledge and skills.

### **References**

1. Reference Book for Nurses. – O.L.Zadvornaya, M.Kh.Turyanova – Moscow, “Novaya Volna”, 2001.
2. Everything on Patient Care at Home and in Hospital. – ed. by B.P.Mashtakov – Moscow, 1999.
3. Nursing Practice – Reference – T.S.Shcherbakova – “Phoenix”, 2000

## MEN'S HEALTH

### Introduction

Up to now the issues of men's health have not been considered as a separate health care problem and thus the aim of this module is to fill up this gap. Men are at increased risk for different health problems with higher mortality and morbidity rates. The activity of family physicians for men should be aimed at health promotion, disease prevention and early diagnosis and treatment of common health conditions. All these measures will contribute to longevity and improved quality of life in men.

### Attitudes and Values

1. Understand the importance of involving men in solving their own health problems.
2. Take into account that men visit the physicians less frequently and usually at the stage when existing problems have become serious diseases.
3. Be tactful as men are often more reserved in dealing with issues of mental health and sexual dysfunction.
4. Understand that a man's health is affected not only by biological factors but also by family, occupation, interpersonal relationships and social expectations.
5. Realize the importance of cooperating with narrow specialists.

<b>Knowledge</b>	<b>Class</b>
1. Normal growth and development, types of constitution, age-related unique characteristics of anatomy, physiology and lifestyle.	<b>I</b>
2. Principles of health promotion and disease prevention, high-risk behavior and risk factors. Detection of risk factors.	<b>I</b>
3. Andrology.	<b>I</b>
4. Substance abuse, alcoholism and antisocial behavior.	<b>II</b>
5. Mental health issues (stress, anxiety, depression, attention and mood disorders).	<b>II</b>
6. Specific health problems and their unique characteristics in men.	<b>II</b>
7. Reproductive health in men including sexual life, normal sexual function, sexual dysfunction.	<b>I</b>
8. Aging.	<b>I</b>
9. Common traumas in men, prevention, first aid, treatment and rehabilitation.	<b>I</b>
<b>Skills</b>	
1. Detection and assessment of risk groups.	<b>I</b>
2. Preventive counseling:	<b>I</b>
3. Addictive disorders – alcohol and substance abuse, tobacco smoking –negative health consequences and how to give addictive disorders up.	<b>I</b>
4. Counseling on reduction of the impact of stress.	
5. Men and contraception.	
6. Thorough physical examination of all the organs and systems (see appropriate modules).	
7. Thorough reproductive tract examination in all age groups:	<b>II</b>



## CARE OF PATIENTS WITH RHEUMATIC DISEASES

### Introduction

Rheumatic diseases are chronic conditions and require both medical care and rehabilitation focused on preserving or recovering the patient's ability to act independently in his/her personal, family and social life. The family nurse plays an important role in improving the state of health of patients with rheumatic diseases.

### Attitudes and Values

13. Understand the importance of increasing patients' responsibility for their own health.
14. Emphasize the importance of prevention and timely diagnosis of rheumatic diseases.
15. Understand the need for family nurses to provide psychological support.
16. Emphasize the importance of the family in the treatment process.
17. Understand the importance of patient and family education programs.

Knowledge	Class
1. Normal anatomy of musculoskeletal system.	I
2. The role of risk factors in development of musculoskeletal system diseases.	I
3. Clinical manifestations of common rheumatic diseases.	I
4. Diagnostic laboratory studies for rheumatic diseases.	II
5. The treatment principles of common rheumatic diseases, pharmacology of antirheumatic medication.	II
6. Specificities of the nursing process in patients with rheumatic diseases.	I
Skills	
1. Risk factors detection and healthy lifestyle advocacy.	I
2. History taking, differential diagnosis.	II
3. Counseling on improving the quality of life in patients with chronic diseases.	I
4. Health education of the patient and his/her family.	I
5. Medical record-keeping.	I
6. Organizing the physical, psychological and social rehabilitation of the patients.	II
7. Medical documentation management.	I

### Implementation

- Literature review.
- Interactive methods of teaching – role play, small group discussions, video materials, practical sessions.
- The FN Department conducts case presentations and discussions for training and experience exchange purposes, as well as to assess the self-study performed by trainees.
- The FN Department performs current and final assessment of the trainees' knowledge and skills.
- FN trainees assess the course and the FN Department takes into account the results of this assessment for continuous quality improvement.

### References

- Unified Family Medicine Curriculum – approved by RA MOH Decree N613 of July 21, 2003.
- Encyclopedic Reference for Nurses, Physician Assistants and Midwives – ed. by V.I.Borodulin. – Moscow, "Oniks" Publishing House: Alliance-B, 1999

- Reference Book for Nurses. – O.L.Zadvornaya, M.Kh.Turyanova – Moscow, “Novaya Volna”, 2001.
- Everything on Patient Care at Home and in Hospital. – ed. by B.P.Mashtakov – Moscow, 1999.
- “General Practice”. – J.Mertha, Moscow, 1998.

## CARE OF PATIENTS WITH SKIN DISEASES

### Introduction

The incidence rate of skin diseases has increased in the past 10 years. The diversity of skin problems makes their diagnosis a serious task. Family nurses should have appropriate knowledge and skills to prevent spreading of such diseases and ensure proper care of patients.

### Attitudes and values

Understand that every age group has its specific skin problems and diseases.

Understand that some internal and infectious diseases have skin manifestations.

Appreciate the role of the family nurse and specificities of nursing process in skin problems.

Emphasize patient and family education as key factors in the prevention of skin diseases.

<b>Knowledge</b>	<b>Class</b>
1. Normal anatomy and physiology of the skin.	<b>I</b>
2. Symptoms of skin diseases, differential diagnosis.	<b>I</b>
3. Principles of skin problems prevention and treatment.	<b>I</b>
4. Common skin problems and diseases.	<b>I</b>
5. Hair and nail related problems.	<b>I</b>
6. Pathology of mucous membranes.	<b>I</b>
7. Specificities of nursing process in skin diseases.	<b>I</b>
<b>Skills</b>	
1. Counseling on everyday care of skin, hair, nails and mucous membranes and disease prevention.	<b>I</b>
2. Performing appropriate treatment procedures in skin diseases.	<b>I</b>
3. Application of means for topical treatment (powder, suspension, ointment).	<b>I</b>
4. Taking samples (hair, squama, crust, ulcer smear) for laboratory examination.	<b>I</b>
5. Medical record-keeping.	<b>I</b>

### Implementation

Acquisition of attitudes, knowledge and skills presented takes place throughout training in Family Medicine. Outpatient facilities, polyclinics, offices of family physicians, hospitals and emergency care stations can serve as training settings.

- Literature review.
- Interactive methods of teaching – role play, small group discussions, case presentations, problem-based teaching, etc.
- Under the supervision of their trainers and/or other specialists FN trainees see patients in outpatient settings, recognize and assess risk factors, provide health education and healthy lifestyle advocacy.
- The FN Department conducts case presentations and discussions for training and experience exchange purposes, as well as to assess the self-study performed by trainees.
- The FN Department performs current and final assessment of the trainees' knowledge and skills.
- FN trainees assess the course and their immediate clinical supervisor (physician or nurse). The FN Department takes into account the results of this assessment for continuous quality improvement.

### References

18. Encyclopedic Reference for Nurses, Physician Assistants and Midwives – ed. by V.I.Borodulin. – Moscow, “Oniks” Publishing House: Alliance-B, 1999
19. Reference Book for Nurses. – O.L.Zadvornaya, M.Kh.Turyanova – Moscow, “Novaya Volna”, 2001.
20. Everything on Patient Care at Home and in Hospital. – ed. by B.P.Mashtakov – Moscow, 1999.
21. “Skin Diseases and STDs”. – Yu.Skripkin, 2001.
22. “Reference Book for General Practitioners”. – Moscow, 1999.

## CARE OF PATIENTS WITH CARDIOVASCULAR DISEASES

### Introduction

Cardiovascular system diseases including a great portion of health problems. In the past years cardiovascular diseases have become major death causes and therefore are considered to be an important medical and social problem.

### Attitudes and Values

1. Recognize the negative impact of tobacco and alcohol on human health.
2. Emphasize early detection and prevention of cardiovascular diseases.
3. Understand the importance of patient and family education programs in the prevention of cardiovascular diseases and their complications.
4. Understand the need for family nurses to provide psychological support.
5. Emphasize the importance of family support in the treatment process.

Knowledge	Class
1. Normal anatomy and physiology of the cardiovascular system.	I
2. The role of risk factors in the development of cardiovascular diseases.	I
3. Health screening in Cardiovascular disease prevention (Arterial Hypertension).	I II
4. Clinical manifestations of cardiovascular diseases.	
5. Assessing the results of diagnostic procedures (laboratory and instrumental).	II II
6. Treatment principles, pharmacology of the medication used.	
7. Common complications of cardiovascular diseases, their assessment, differential diagnosis and management.	II I
8. Physical and psychological rehabilitation.	
9. Specificities of the nursing process in cardiovascular diseases.	
Skills	
1. Detection and assessment of cardiovascular health problems: <ul style="list-style-type: none"> <li>• History taking and physical examination, laboratory and instrumental investigations, results interpretation.</li> <li>• Performing ECGs.</li> <li>• Screening for early detection of Arterial Hypertension (pulse and blood pressure measurement).</li> </ul>	I  I
2. Detection and assessment of the main clinical symptoms of cardiovascular diseases.	I
3. Home care of patients with cardiovascular diseases.	I
4. Patient and family education.	II
5. Differential diagnosis of angina pectoris and myocardial infarction, measures undertaken by the family nurse.	I
6. Social and psychological rehabilitation.	I
7. Medical record-keeping.	

### Implementation

- Literature review.
- Interactive methods of teaching – role play, small group discussions, case presentations.

- The FN Department conducts case presentations and discussions for training and experience exchange purposes, as well as to assess the self-study performed by trainees.
- The FN Department oversees the overall training process and performs current and final assessment of the trainees' knowledge and skills.
- FN trainees assess the course and the FN Department takes into account the results of this assessment for continuous quality improvement.

## **References**

- a. Reference Book for Nurses. – O.L.Zadvornaya, M.Kh.Turyanova – Moscow, “Novaya Volna”, 2001.
- b. Everything on Patient Care at Home and in Hospital. – ed. by B.P.Mashtakov – Moscow, 1999.
- c. Nursing Practice – Reference – T.S.Shcherbakova – “Phoenix”, 2000
- d. Emergency Care. – D.Springs, D.Chambers. – “GEOTAR”, 2000.

## CARE OF PATIENTS WITH GASTROINTESTINAL TRACT DISEASES

### Introduction

Gastrointestinal tract diseases are most common and their incidence rates are constantly increasing. Gastrointestinal tract diseases can cause temporary and permanent disability. In the past few years diagnostic opportunities for gastrointestinal diseases have become more accessible and family nurses can use them in their practice.

### Attitudes and Values

- Increased patient responsibility for his/her own health.
- Emphasize early detection and prevention of gastrointestinal diseases.
- Understand the importance of nutrition in the development and treatment of gastrointestinal diseases.
- Emphasize the importance of family support in the treatment process.

<b>Knowledge</b>	<b>Class</b>
1. Normal anatomy and physiology of the gastrointestinal tract.	<b>I</b>
2. The role of risk factors in the development of gastrointestinal diseases.	<b>I</b>
3. Clinical manifestations of gastrointestinal diseases.	<b>I</b>
4. Assessing the results of diagnostic procedures (laboratory and instrumental).	<b>II</b>
5. Treatment principles, pharmacology of the medication used.	<b>II</b>
6. Diets prescribed during the treatment of gastrointestinal tract diseases.	<b>I</b>
7. Common complications of gastrointestinal diseases, their assessment, differential diagnosis and management.	<b>II</b>
8. Specificities of the nursing process in gastrointestinal diseases.	<b>I</b>
<b>Skills</b>	
1. Risk factors detection and healthy lifestyle advocacy.	<b>I</b>
2. Rectal smear taking.	<b>I</b>
3. Detecting occult blood in the stool.	<b>I</b>
4. Duodenal intubations.	<b>I</b>
5. Taking stool samples for laboratory study.	<b>I</b>
6. Flatus tube application.	<b>I</b>
7. Performing all the types of enemas.	<b>I</b>
8. Gastric lavage.	<b>I</b>
9. Medical record-keeping.	<b>I</b>
10. Physical, psychological and social rehabilitation of the patients.	<b>II</b>
11. Documentation management.	<b>I</b>

### Implementation

Acquisition of attitudes, knowledge and skills presented takes place throughout training in Family Medicine. Outpatient facilities, polyclinics, offices of family physicians, hospitals and emergency care stations can serve as training settings.

- Literature review.

- Interactive methods of teaching – role play, small group discussions, case presentations, problem-based teaching.
- Under the supervision of their trainers and/or other specialists FN trainees see patients in outpatient settings, recognize and assess risk factors, provide health education and healthy lifestyle advocacy.
- The FN Department conducts case presentations and discussions for training and experience exchange purposes, as well as to assess the self-study performed by trainees.
- The FN Department performs current and final assessment of the trainees’ knowledge and skills.
- FN trainees assess the course and their immediate clinical supervisor (physician or nurse).
- The FN Department takes into account the results of this assessment for continuous quality improvement.

## References

- e. Reference Book for Nurses. – O.L.Zadvornaya, M.Kh.Turyanova – Moscow, “Novaya Volna”, 2001.
- f. Everything on Patient Care at Home and in Hospital. – ed. by B.P.Mashtakov – Moscow, 1999.
- Nursing Practice – Reference – T.S.Shcherbakova – “Phoenix”, 2000

## CARE OF PATIENTS WITH UROGENITAL TRACT DISEASES

### Introduction

Kidneys perform excretory function in the organism – uropoiesis; besides, they participate in the metabolism of proteins, carbohydrates and fats, as well as in the regulation of hemodynamics. Kidneys also perform incretory function – they produce biologically active substances, such as erythropoietin, renin, etc.

Effective and comprehensive care of patients with urogenital tract diseases mainly depends on timely and appropriate measures undertaken by the family nurse.

### Attitudes and Values

1. Consider the existing or potential health problems in the context of lifestyle, habits, predisposing factors and various conditions.
2. Recognize the importance of patient education and individual approach in the prevention of renal diseases.
3. Emphasize effective cooperation between the patient and the nurse.
4. Recognize the importance of family support in the process of patient care.

Knowledge	Class
1. Normal anatomy and physiology of the urogenital tract.	<b>I</b>
2. The role of risk factors in the development of urogenital tract diseases.	<b>I</b>
3. Clinical manifestations of urogenital tract diseases.	<b>I</b>
4. Assessing the results of diagnostic procedures (laboratory and instrumental).	<b>II</b>
5. Specificities of the nursing process and contemporary methods of treatment.	<b>I</b>
6. Common urogenital tract diseases and particularities of their management:	<b>II</b>
<ul style="list-style-type: none"> <li>• pyelonephritis</li> <li>• glomerulonephritis</li> <li>• urolithiasis</li> <li>• chronic renal failure</li> <li>• urinary bladder diseases</li> <li>• prostate diseases</li> </ul>	
7. Rehabilitation.	<b>I</b>
8. Post-surgical care of patients operated for urogenital tract diseases.	<b>I</b>
9. Specificities of the nursing process in urogenital tract diseases.	<b>I</b>
Skills	
1. Healthy lifestyle advocacy.	<b>I</b>
2. Health problem detection and assessment:	<b>I</b>
<ul style="list-style-type: none"> <li>• History taking and physical examination,</li> <li>• Collaboration with specialists,</li> <li>• Interpretation of laboratory data,</li> <li>• Differential diagnosis of urogenital tract diseases.</li> <li>• Renal colic: emergency care and management,</li> <li>• Assessment and management of patients with prostate diseases,</li> <li>• Management of patients with risk factors,</li> </ul>	
3. Patient and family education,	<b>I</b>
4. Management of medical and expertise documentation,	<b>I</b>

5. Urinary bladder catheterization.	I
6. Physical, psychological and social rehabilitation of the patients.	I
7. Medical record-keeping.	I

### **Implementation**

Acquisition of attitudes, knowledge and skills presented takes place throughout training in Family Medicine. Outpatient facilities, polyclinics, offices of family physicians, etc.

- Literature review.
- Interactive methods of teaching – role play, small group discussions, case presentations, problem-based teaching.
- The FN Department conducts case presentations and discussions for training and experience exchange purposes, as well as to assess the self-study performed by trainees.
- The FN Department performs current and final assessment of the trainees’ knowledge and skills.
- FN trainees assess the course and the FN Department takes into account the results of this assessment for continuous quality improvement.

### **References**

1. Encyclopedic Reference for Nurses, Physician Assistants and Midwives – ed. by V.I.Borodulin. – Moscow, “Oniks” Publishing House: Alliance-B, 1999
2. Reference Book for Nurses. – O.L.Zadvornaya, M.Kh.Turyanova – Moscow, “Novaya Volna”, 2001.
3. Everything on Patient Care at Home and in Hospital. – ed. by B.P.Mashtakov – Moscow, 1999.
4. Nursing Practice – Reference – T.S.Shcherbakova – “Phoenix”, 2000

## CARE OF PATIENTS WITH RESPIRATORY DISEASES

### Introduction

Developing industry, increasing number of cars in the streets and growing assortment of tobacco products lead to air pollution which contributes to respiratory tract diseases. The latter are considered one of the leading causes of death and thus present an important socio-medical problem.

### Attitudes and Values

1. Recognize the negative impact of air pollution and nicotine on human health and on the respiratory tract in particular.
2. Emphasize prevention and early detection of respiratory diseases.
3. Recognize the importance of patient education in the prevention of respiratory diseases and their complications.
4. Understand the role of psychological support provided by the family nurse.
5. Emphasize family support in the process of patient care and treatment.

<b>Knowledge</b>	<b>Class</b>
1. Normal anatomy and physiology of the respiratory system.	<b>I</b>
2. The role of risk factors in the development of respiratory diseases.	<b>I</b>
3. Clinical manifestations of respiratory diseases.	<b>I</b>
4. Assessing the results of diagnostic procedures (laboratory and instrumental).	<b>II</b>
5. Treatment principles, pharmacology of the medication used, contemporary antimicrobial drugs.	<b>II</b>
6. Common complications of respiratory diseases, their assessment, differential diagnosis and management.	<b>II</b>
7. Physical and psychological rehabilitation.	<b>I</b>
8. Specificities of the nursing process in respiratory diseases.	<b>I</b>
<b>Skills</b>	
1. Health problem recognition and assessment: <ul style="list-style-type: none"> <li>• history taking, physical examination, interpretation of laboratory and instrumental examination results;</li> <li>• taking sputum for laboratory examinations;</li> <li>• instrumental investigation of the lungs and bronchi, laboratory study of the sputum;</li> <li>• patient preparation for chest X-ray;</li> <li>• lung auscultation, percussion and palpation, results interpretation.</li> </ul>	<b>II</b>
2. Recognition and assessment of major symptoms of respiratory diseases.	<b>II</b>
3. Management of patients with respiratory diseases at home and in hospital.	<b>II</b>
4. Skills in prevention, care and treatment: <ul style="list-style-type: none"> <li>• applying mustard plasters,</li> <li>• technique of oxygen treatment,</li> <li>• peakflowmeter use</li> <li>• inhalation technique</li> <li>• postural drainage</li> </ul>	<b>I</b>

5. Patient and family education on asthma prevention and assessment of the activities performed by the family nurse.	<b>I</b>
6. Collaboration with social workers and proper completion of documents on disability.	<b>II</b>
7. Medical record-keeping.	<b>I</b>

### **Implementation**

Acquisition of attitudes, knowledge and skills presented takes place throughout training in Family Medicine. Outpatient facilities, polyclinics, offices of family physicians, hospitals and emergency care stations can serve as training settings.

- Literature review.
- Interactive methods of teaching – role play, small group discussions, video materials, practical sessions.
- Under the supervision of their trainers and/or other specialists FN trainees see patients in outpatient settings, recognize and assess risk factors, provide health education and healthy lifestyle advocacy. Ambulatory and polyclinic facilities, FM offices, schools and hospitals can serve as training sites.
- The FN Department conducts case presentations and discussions for training and experience exchange purposes, as well as to assess the self-study performed by trainees.
- The FN Department performs current and final assessment of the trainees’ knowledge and skills.
  - FN trainees assess the course and their immediate clinical supervisor (physician or nurse). The FN Department takes into account the results of this assessment for continuous quality improvement.

### **References**

1. Reference Book for Nurses. – O.L.Zadvornaya, M.Kh.Turyanova – Moscow, “Novaya Volna”, 2001.
2. Everything on Patient Care at Home and in Hospital. – ed. by B.P.Mashtakov – Moscow, 1999.
3. Nursing Practice – Reference – T.S.Shcherbakova – “Phoenix”, 2000

## CARE OF PATIENTS WITH NEUROLOGICAL DISEASES

### Introduction

Neurological problems are very common. Thus it is important for family nurses to master the knowledge and skills that would allow them to timely detect and provide comprehensive care, as well as actively support family physicians in the prevention and treatment of neurological diseases.

### Attitudes and Values

1. Emphasize family education for proper care of patients with neurological diseases.
2. Appreciate nervous system characteristics in the elderly and the importance of health problem assessment and patient rehabilitation.
3. Emphasize the role of the family, their attitude and support particularly in case of chronic and disability-inducing conditions.

Knowledge	Class
1. Fundamentals of neurology:	<b>I</b>
2. anatomy and physiology of nervous system,	
3. main symptoms of neurological diseases,	
4. main principles of examination of neurological patients,	
5. main principles of treatment of neurological diseases,	
6. nursing process in neurological diseases.	
7. Main groups of neurological diseases.	<b>I</b>
8. Acute neurological conditions:	<b>II</b>
9. acute cerebrovascular accidents, emergency care and particularities of patient care,	
10. neuroinfections (patient care in meningeal symptoms and seizures),	
11. traumas, first aid.	
• Chronic neurological diseases in adults and children.	<b>II</b>
• Causes of autonomic nervous system disorders.	<b>II</b>
• Types and clinical symptoms of strokes.	<b>II</b>
• Types of palsies.	<b>II</b>
• Peripheral nervous system diseases (neuropathies, neuralgias), their clinical manifestations.	<b>II</b>
• Clinical presentations of osteochondrosis, methods of treatment.	<b>II</b>
• Toxic lesions of the nervous system.	<b>II</b>
<b>Skills</b>	
1. Performing the nursing process (preliminary assessment, problem definition, care management and implementation, results assessment) in patients with neurological problems.	<b>I</b>
2. Providing emergency care at home.	<b>I</b>
3. Clinical signs of syncope, patient care.	<b>I</b>
4. Insomnia: causes and care provision.	<b>I</b>
5. First aid in fits of vertigo.	<b>I</b>
6. Emergency care in epileptic seizure.	<b>I</b>
7. Care of patients with stroke in the post-hospitalization period.	<b>II</b>
8. Care of patients with palsy.	<b>II</b>
9. Providing home care to neurological patients.	<b>II</b>
10. Medical and psychological support of the families of patients with chronic	<b>II</b>

and disability-inducing disorders. 11. Medical record-keeping.	<b>I</b>
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### **Implementation**

Acquisition of attitudes, knowledge and skills presented takes place throughout training in Family Medicine. Outpatient facilities, polyclinics, offices of family physicians, hospitals and emergency care stations can serve as training settings.

- Literature review.
- Interactive methods of teaching – role play, small group discussions, video materials, practical sessions.
- Under the supervision of their trainers and/or other specialists FN trainees see patients in outpatient settings, recognize and assess risk factors, provide health education and healthy lifestyle advocacy. Ambulatory and polyclinic facilities, FM offices, schools and hospitals can serve as training sites.
- The FN Department conducts case presentations and discussions for training and experience exchange purposes, as well as to assess the self-study performed by trainees.
- The FN Department performs current and final assessment of the trainees’ knowledge and skills.
- FN trainees assess the course and their immediate clinical supervisor (physician or nurse). The FN Department takes into account the results of this assessment for continuous quality improvement.

### **References**

- Nursing Care in Neuropathology. – Manual, Yerevan, 2004.
- Diseases of the Nervous System. – ed. by N.N.Yakhno, Moscow, “Meditsina”, 1995.
- Neurological Diseases. – M.M.Gerasimova, Moscow, 2003.

## CARE OF PATIENTS WITH EYE DISEASES

### Introduction

People perceive the outer world mainly through vision. Impaired vision or vision loss can also affect the overall quality of life. It is difficult to imagine the world without colors, objects and images; no other sense can replace vision.

as a result, family nurses should prevent eye diseases, recognize most common eye diseases and provide appropriate care, as well as refer patients when indicated.

### Attitudes and Values

1. Appreciate prevention and early detection of eye problems.
2. Recognize ophthalmic manifestations of internal diseases.
3. Emphasize visual function preservation, particularly in children and the elderly.
4. Recognize the role of the nurse in patient care and education, and the importance of collaboration between the patient and the nurse.
5. Emphasize support provision to patients with impaired vision.

Knowledge	Class
1. Normal anatomy and physiology of the eye, age-specific changes in the visual function.	<b>I</b>
2. Prevention, early detection, possible complications, first aid and care in common eye diseases.	<b>II</b>
3. Care of patients with eye diseases, particularities of home care.	<b>I</b>
4. Most common eye problems: conjunctivitis, cataract, uveitis, keratitis, strabismus, vision acuity impairments during different internal diseases.	<b>I</b>
Skills	
1. Vision acuity and chromatic sensitivity assessment.	<b>I</b>
2. Determination of the visual field.	<b>I</b>
3. Measurement of intra-ocular pressure.	<b>I</b>
4. Eye examination, examination under lateral illumination.	<b>II</b>
5. Eyelid eversion, foreign body removal.	<b>I</b>
6. Application of eye drops and liniments.	<b>I</b>
7. Conjunctival sac lavage.	<b>I</b>
8. Eye bandaging technique.	<b>I</b>
9. Detecting latent strabismus in children.	<b>I</b>
10. Postoperative care.	<b>I</b>
11. Nursing process in ophthalmic practice.	<b>I</b>
12. 12. Medical record-keeping.	<b>I</b>

### Implementation

Acquisition of attitudes, knowledge and skills presented takes place throughout training in Family Medicine. Outpatient facilities, polyclinics, offices of family physicians, hospitals and emergency care stations can serve as training settings.

- Literature review.
- Interactive methods of teaching – role play, small group discussions, video materials, practical sessions.

- Under the supervision of their trainers and/or other specialists FN trainees see patients in outpatient settings, recognize and assess risk factors, provide health education and healthy lifestyle advocacy. Ambulatory and polyclinic facilities, FM offices, schools and hospitals can serve as training sites.
- The FN Department conducts case presentations and discussions for training and experience exchange purposes, as well as to assess the self-study performed by trainees.
- The FN Department performs current and final assessment of the trainees' knowledge and skills.
- FN trainees assess the course and their immediate clinical supervisor (physician or nurse). The FN Department takes into account the results of this assessment for continuous quality improvement.

## **References**

1. Nursing Care in Ophthalmology. Manual. – Yerevan, 2005.
2. Ophthalmology. – Manual.
3. Eye Diseases. – L.A.Dubrovskaya, 1986.

## CARE OF PATIENTS WITH ENT DISEASES

### Introduction

Disease of the nose, sinuses, ear, throat and larynx are quite common in Primary Care. Family nurses play an important role in the prevention, timely detection and care of ENT diseases.

### Attitudes and Values

1. Appreciate collaboration with the patients and his/her family in disease treatment, prevention of complication and patient care.
2. Recognize age-related changes in hearing and vestibular apparatus as well as the resulting problems.
3. Emphasize support provision to patients with impaired hearing.

Knowledge	Class
1. Normal anatomy and physiology of the nose, sinuses, ear, throat and larynx.	I
2. Main methods of examination of the nose, sinuses, ear, throat and larynx.	I
3. Diseases of the nose, sinuses, ear, throat and larynx.	I
4. Methods of treatment of diseases of the nose, sinuses, ear, throat and larynx.	I
5. Prevention of common ENT problems.	I
6. Emergency care in traumas, foreign bodies and diseases of the nose, sinuses, ear, throat and larynx.	II
Skills	
1. Performing the nursing process (preliminary assessment, problem definition, care management and implementation, results assessment) in patients with ENT problems.	I
2. Providing emergency care at home.	I
3. Family education in care provision.	I
4. Providing home care to patients with ENT problems.	I
5. Diagnostic and curative procedures.	II
6. Stopping nose bleeding.	I
7. Assistant to the physician in ear and tonsil lavage.	II
8. Medical record-keeping.	I

### Implementation

Acquisition of attitudes, knowledge and skills presented takes place throughout training in Family Medicine. Outpatient facilities, polyclinics, offices of family physicians, hospitals and emergency care stations can serve as training settings.

- Literature review.
- Interactive methods of teaching – role play, small group discussions, video materials, practical sessions.
- Under the supervision of their trainers and/or other specialists FN trainees see patients in outpatient settings, recognize and assess risk factors, provide health education and healthy lifestyle advocacy. Ambulatory and polyclinic facilities, FM offices, schools and hospitals can serve as training sites.

- The FN Department conducts case presentations and discussions for training and experience exchange purposes, as well as to assess the self-study performed by trainees.
- The FN Department performs current and final assessment of the trainees' knowledge and skills.
- FN trainees assess the course and their immediate clinical supervisor (physician or nurse). The FN Department takes into account the results of this assessment for continuous quality improvement.

### **References**

- Nursing Care in ENT Practice. Manual. – Yerevan State Basic Medical College, 2004.
- Diseases of the Ear, Nose and Throat. – K.H.Shukuryan, A.S.Vardanyan, - Yerevan, 1982.

## SURGICAL PATIENT CARE

### Introduction

In collaboration with and under the supervision of family physicians family nurses perform procedures prescribed by the former and specialist. Mastering appropriate knowledge and skills will help the nurse provide home care that does not require specialized skills. Family nurses play a key role in outpatient care of surgical patients and in prevention of complications in the postoperative period.

### Attitudes and Values

1. Recognize the role of the family nurse in the primary assessment and problem definition in surgical patients.
2. Recognize the importance of close collaboration between the family physician and the family nurse in providing outpatient care of surgical patients.
3. Emphasize education of the patient and his/her family on postoperative care, active lifestyle, diet and prevention of complications.
4. Recognize importance of first aid in the prevention of complications in surgical patients.

Knowledge	Class
1. The role of the family nurse in postoperative care and complication prevention in surgical patients.	I
2. Rules of asepsis and antisepsis.	I
3. Recognition, first aid, and prompt referral of the surgical emergency cases.	I
4. Accident prevention at home and in the community.	II
5. Acute abdomen: symptoms and course.	II
Skills	
1. Methods of topical analgesia (liniments, irrigation, cooling).	I
2. Types of bandages, stomas, drain tubes.	I
3. Observing the rules of asepsis and antisepsis.	I
4. Patient and family education on patient care and pre-operative preparation.	I
5. Psychological support to patients and their families.	I
6. Administering drugs and injections as prescribed by the physician.	I
7. Bandage replacement.	II
8. Main principles of wound care.	I
9. Bed-sore prevention and care.	I
10. Primary surgical treatment of the wounds.	I
11. Types of dressings and bandages.	I
12. Preparing operation areas for minor surgical interventions.	I
13. Treatment of burns and frostbites.	I
14. Immobilization in different types of fractures.	II
15. First aid in gastrointestinal bleedings.	I
16. First aid in joint dislocations.	I
17. Postoperative outpatient care.	I
18. Assistance in minor surgical interventions, preparation of instruments and dressing material, sterility control.	I
19. Preparation of disposable IV lines for home care provision.	I

20. Specificities of the nursing process in surgical patients. 21. Medical records keeping.	<b>I</b>
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### **Implementation**

Acquisition of attitudes, knowledge and skills presented takes place throughout training in Family Medicine. Outpatient facilities, polyclinics, offices of family physicians, hospitals and emergency care stations can serve as training settings.

- Literature review.
- Interactive methods of teaching – role play, small group discussions, video materials, practical sessions.
- Under the supervision of their trainers and/or other specialists FN trainees see patients in outpatient settings, recognize and assess risk factors, provide health education and healthy lifestyle advocacy. Ambulatory and polyclinic facilities, FM offices, schools and hospitals can serve as training sites.
- The FN Department conducts case presentations and discussions for training and experience exchange purposes, as well as to assess the self-study performed by trainees.
- The FN Department performs current and final assessment of the trainees’ knowledge and skills.
- FN trainees assess the course and their immediate clinical supervisor (physician or nurse). The FN Department takes into account the results of this assessment for continuous quality improvement.

### **References**

1. Reference Book for Nurses. – O.L.Zadvornaya, M.Kh.Turyanova – Moscow, “Novaya Volna”, 2001.
2. Fundamentals of Nursing Care. – V.R.Veber, G.I.Chuvakova, V.A.Lapotnikov, Moscow, “Meditsina”, 2001.
3. Everything on Patient Care at Home and in Hospital. – ed. by B.P.Mashtakov – Moscow, 1999.
4. Nursing Practice – Reference – T.S.Shcherbakova – “Phoenix”, 2000

## CARE OF PATIENTS WITH ENDOCRINE DISEASES

### Introduction

Endocrine diseases and especially diabetes are very common. About 167 million patients with diabetes have been registered in the world so far, of which 80-90% have type II and 10-20% - type I diabetes. Organ and system damage in diabetes considerably decrease patients' quality of life. Comprehensive control can help diminish the risk of complications in endocrine diseases. Family nurses should master appropriate skills to provide nursing care and prevent complications in endocrine patients.

### Attitudes and Values

1. Recognize the symptoms of endocrine diseases.
2. Emphasize early detection of endocrine diseases.
3. Emphasize patient supervision for prevention and early detection of disease complications.
4. Emphasize blood glucose control.
5. Recognize the role of the family in early detection of the symptoms of endocrine diseases.
6. Emphasize patient education and display individual approach.
7. Emphasize measures of general prevention in thyroid gland disease prevention. Disclose patient and family problems related to the disease and jointly develop an appropriate plan of actions; educate the family members on patient care.
8. Recognize the importance of family support in the care of patients with endocrine diseases.

Knowledge	Class
1. Normal anatomy and physiology of the endocrine sys	<b>I</b>
2. The role of risk factors in the development of endocrine diseases.	<b>I</b>
3. Clinical manifestations of endocrine diseases – diabetes, endemic goiter, hyperthyroidism, hypothyroidism, etc.	<b>I</b>
4. Principles of diabetes treatment principles, contemporary medication used.	<b>II</b>
5. Particularities of care and nutrition of diabetic patients.	<b>I</b>
6. Living with diabetes.	<b>I</b>
7. Common complications of endocrine diseases, their assessment and nursing care.	<b>I</b>
8. Physical, social and psychological rehabilitation.	<b>II</b>
9. Specificities of the nursing process in endocrine diseases.	<b>I</b>
<b>Skills</b>	

1. Risk assessment and healthy lifestyle advocacy.	I
2. Health problem recognition and assessment:	I
• history taking,	II
• interpretation of laboratory and instrumental examination results,	II
• blood and urine glucose testing,	I
• timely recognition and differential diagnosis of clinical manifestations.	I
3. Prevention, treatment and care:	I
• providing home care and treatment to the patient,	II
• quality of life assessment and improvement,	I
• glucometry (blood glucose level determination),	I
• foot care in diabetic patients,	I
• insulin injections, patient and family education,	I
4. Thyroid gland palpation.	II
5. Correct completion of documents on disability and collaboration with social workers.	II
6. Management of medical and expertise documents.	I

### Implementation

Acquisition of attitudes, knowledge and skills presented takes place throughout training in Family Medicine. Outpatient facilities, polyclinics, offices of family physicians, hospitals and emergency care stations can serve as training settings.

- Literature review.
- Interactive methods of teaching – role play, small group discussions, video materials, practical sessions.
- Under the supervision of their trainers and/or other specialists FN trainees see patients in outpatient settings, recognize and assess risk factors, provide health education and healthy lifestyle advocacy. Ambulatory and polyclinic facilities, FM offices, schools and hospitals can serve as training sites.
- The FN Department conducts case presentations and discussions for training and experience exchange purposes, as well as to assess the self-study performed by trainees.
- The FN Department performs current and final assessment of the trainees’ knowledge and skills.
- FN trainees assess the course and their immediate clinical supervisor (physician or nurse). The FN Department takes into account the results of this assessment for continuous quality improvement.

### References

- Reference Book for Nurses. – O.L.Zadvornaya, M.Kh.Turyanova – Moscow, “Novaya Volna”, 2001.  
 Everything on Patient Care at Home and in Hospital. – ed. by B.P.Mashtakov – Moscow, 1999.  
 Nursing Practice – Reference – T.S.Shcherbakova – “Phoenix”, 2000

## CARE OF PATIENTS WITH INFECTIOUS DISEASES

### Introduction

Thanks to effective measures of control and treatment the morbidity and mortality rates of infectious diseases have considerably decreased. Appropriate knowledge on development and the course of infectious diseases is required for timely detection and isolation of patients with infectious diseases.

### Attitudes and Values

1. Emphasize the role of the family nurse in the prevention of infectious diseases.
2. Recognize the importance of follow-up care of patients who had infectious diseases in the past.
3. Emphasize antiepidemic measures in the focus of infection.
4. Emphasize patient and family education and well as observation of the hygiene and sanitary rules.

Knowledge	Class
1. General principles of infection control: <ul style="list-style-type: none"> <li>• Contemporary infection control guidelines.</li> <li>• Epidemic process.</li> <li>• General description of the epidemic process.</li> <li>• Disinfection, sanitization and sterilization.</li> <li>• Antiseptic substances used for current and final sanitization.</li> <li>• Hospital infection.</li> <li>• Immunity.</li> <li>• Infectious disease, its stages.</li> <li>• Symptoms and syndromes of infectious diseases.</li> <li>• Infectious diseases: methods of diagnosis.</li> </ul>	I I I I I I I I I II
2. Infectious diseases: clinical manifestations and care <ul style="list-style-type: none"> <li>▪ Enteric infections.</li> <li>▪ Special danger infection (cholera, plague).</li> <li>▪ Food intoxications.</li> <li>▪ Salmonellosis.</li> <li>▪ Botulism.</li> <li>▪ Dysentery.</li> <li>▪ Viral hepatitis.</li> <li>▪ Brucellosis.</li> <li>▪ Malaria</li> <li>▪ Droplet infection.</li> </ul>	I I I I I I I I I I

Skills	
1. Prevention and antiepidemic measures in infectious diseases.	II
2. Specific points in dealing with antiseptic substances.	I
3. Specific points in dealing with contaminated material.	I
4. Principles of infectious disease treatment.	II
5. Antimicrobial drugs: administration, side effects assessment.	II
6. Emergency care in infectious diseases.	I
7. Immunoprophylaxis	II
8. Specialist care in infectious diseases.	II
9. Ensuring safety in performing medical interventions.	I
10. Follow-up care of patients who had infectious diseases in the past.	I
11. Infection control organization and counseling, preventive measures in the focus of infection.	I
12. Specificities of the nursing process in droplet infections.	I
13. Specificities of the nursing process in enteric infections.	I
14. Specificities of the nursing process in quarantine and special danger infections.	I
15. Specificities of the nursing process in infectious diseases.	I
16. Medical records keeping.	I

### Implementation

- Literature review.
- Interactive methods of teaching – role play, small group discussions, video materials, practical sessions.
- Ambulatory and polyclinic facilities, FM offices, infectious hospitals and dispensaries can serve as training sites.
- The FN Department involves appropriate specialists in the training process.
- The FN Department conducts case presentations and discussions for training and experience exchange purposes, as well as to assess the self-study performed by trainees.
- The FN Department performs current and final assessment of the trainees’ knowledge and skills.
- FN trainees assess the course and the FN Department takes into account the results of this assessment for continuous quality improvement.

### References

- Infectious Diseases. – YSBMC, Yerevan, 2004
- Nursing Care in Infectious Diseases. – V.A.Malov, Moscow, 2002.
- Infectious Diseases. A manual for medical colleges. – D.A.Lioznov, St.Petersburg, 2000.
- Reference Book on Infectious Diseases. – V.S.Matkovskiy, Moscow, “Meditsina”, 1986.
- Epidemiology in Nursing and Health Care. – Barbara Valanis – Printed in the United States of America, 1986.

# TUBERCULOSIS

## Introduction

Health promotion and disease prevention are core values of family nursing. Nowadays tuberculosis poses serious threats to the social and economic welfare and the health of millions of people all over the world. RA Government has adopted a national program on tuberculosis prevention and treatment. In this context family nurses as “first contact” specialists play a key role.

## Attitudes and Values

1. Recognize the importance of contemporary notions on disease development, prevention, channels of infection and antiseptics in effective prevention and timely detection of the disease.
2. Emphasize the preventive measures.
3. Emphasize the role of the family nurse in disease prevention in children considering the information on the family and existing risk factors.
4. Recognize that tuberculosis is also a “social” diseases resulting from unsatisfactory living conditions, malnutrition and poor immunity.
5. Understand the channels of the infection (droplet, dust, sputum, urine, feces, contaminated food products, as well as intrauterine transmission and breast milk).
6. Emphasize public information, patient and family education.

<b>Knowledge</b>	<b>Class</b>
1. Vaccination against tuberculosis, its necessity, technique and appropriate response of the organism.	<b>I</b>
2. Measures of tuberculosis prevention and control undertaken in Armenia.	<b>I</b>
3. Epidemiology (risk groups, channels of infection, results of social surveys).	<b>I</b>
4. Family education: cleansing of the room, disinfection of bed-clothes and dishes, food remnants, sputum, urine and feces.	<b>I</b>
5. Ensuring the safety of medical interventions, including disease prevention and rules of working with patients.	<b>I</b>
6. Specificities of tuberculosis in children.	<b>I</b>
7. Vaccination and management particularities in tuberculosis.	<b>I</b>
8. Treatment, rehabilitation and follow-up care.	<b>I</b>
9. Psychological and ethical issues.	<b>II</b>
10. Legal issues.	
<b>Skills</b>	
1. Notion on facilitating factors in tuberculosis.	<b>I</b>
2. Channels of infection and factors of transmission.	<b>I</b>
3. Physical examination: recognition and assessment of the clinical manifestations.	<b>I</b>
4. Counseling on risk reduction, skills in conducting health visits.	<b>I</b>
5. Patient care and family education.	<b>I</b>
6. Communication and establishment of trust relationship with the patient and his/her family.	<b>I</b>
7. Infection prevention at the worksite.	<b>I</b>
8. Confidentiality.	<b>I</b>
9. Interpretation of the information received and problem detection.	<b>I</b>
10. Setting objectives and planning the care process.	<b>I</b>
11. Implementation of the family nursing plan. dependent and independent activities.	<b>I</b>

### **Implementation**

Acquisition of attitudes, knowledge and skills presented takes place throughout training in Family Medicine. Outpatient facilities, polyclinics, offices of family physicians, and hospitals can serve as training settings.

- Literature review.
- Interactive methods of teaching – role play, small group discussions, video materials, practical sessions. The FN Department conducts case presentations and discussions for training and experience exchange purposes, as well as to assess the self-study performed by trainees.
- The FN Department performs current and final assessment of the trainees' knowledge and skills. FN trainees assess the course and their immediate clinical supervisor (physician or nurse). The FN Department takes into account the results of this assessment for continuous quality improvement.

### **References**

1. Practical Guideline for Family Nurses, HPUI, Yerevan, 2002.
2. Lemon, ch.6 Training Material on Nursing Care, WHO, European Regional Bureau, Copenhagen, 1996
3. Unified Family Medicine Curriculum – approved by RA MOH Decree N613 of July 21, 2003.
4. Unified Curriculum for Post-Graduate Physician Training in Family Medicine. – Moscow, 1995.



2. Assessment and restoration of airway patency	<b>I</b>
3. Artificial ventilation in adults and children: mouth-to-mouth, through mask, assisted ventilation.	<b>I</b>
4. External cardiac massage in adults and children.	<b>I</b>
5. Injections	<b>I</b>
6. Analgesia: induction anesthesia, IV sedation and analgesia.	<b>II</b>
7. Assessment and management of conditions that require emergency care:	<b>I</b>
• wound dressing	
• burns or frostbites treatment	
• local anaesthesia	
• immobilization	
• hemostasis	
• primary surgical treatment of wounds	
• managing accelerated labor	
• managing patients with acute abdomen	
• specific treatment in poisoning	
• recognition and treatment of hypo- and hyperglycemia	
• emergency care in sunstroke	
• preventive and curative procedures	
8. Record keeping including recording emergent interventions performed if indicated.	<b>I</b>
9. Assessment and support of patients and their families in cases of psychological problems.	<b>II</b>
10. Water accidents	<b>I</b>
11. Transportation of the injured	<b>I</b>
12. Medical records keeping	<b>I</b>

### Implementation

- Literature review.
- Lectures and problem-based teaching.
- Role- play and small group discussions, training on emergency care in wounds, burns, frostbites; teaching the technique of cardiac massage.
- Independent and dependent activities: comments and explanations.
- Under the supervision of their trainers and/or other specialists FN trainees perform minor surgical interventions.
- The FN Department performs current and final assessment of the trainees' knowledge and skills.
- FN trainees assess the course and their immediate clinical supervisor (physician or nurse). The FN Department takes into account the results of this assessment for continuous quality improvement.

### References

- Washington University Reference Book. – ed. by M.Woodley, 1995.
- Where There is No Doctor. – D.A.Verner, K.Samuel, J.Maxwell. – Tashkent, Medical Literature Publishing House, 1998.
- Everything on Patient Care at Home and in Hospital. – ed. by B.P.Mashtakov – Moscow, 1999.

## POST-HOSPITALIZATION CARE AND REHABILITATION

### Introduction

Family nurses should provide post-hospitalization and rehabilitation care and thus should master the knowledge and skills required for preliminary assessment, follow-up care, treatment and rehabilitation when indicated. They should undergo training on types and measures of rehabilitation (medical, physical, social, psychological, professional).

### Attitudes and Values

1. Emphasize the role of the nurse in the process of rehabilitation.
2. Assess the effectiveness of rehabilitation measures.
3. Provide counseling on resort treatment.
4. Consider patient reaction to disability.
5. Recognize specificities of post-hospitalization care.
6. Emphasize the causes of disability and support to families of disabled patients.

Knowledge	Class
<p><b>A. Health promotion and disease/injury prevention</b></p> <ol style="list-style-type: none"> <li>1. Programs in health promotion and disease prevention.</li> <li>2. Patient physical state assessment in convalescence.</li> <li>3. Disabled persons and their families, psychological aspects of disability.</li> <li>4. The role of the family in the social and psychological adaptation of the disabled patients.</li> <li>5. Post-hospitalization care and secondary prevention.</li> <li>6. Care of patients with severe and chronic diseases.</li> <li>7. Fundamentals of patient home care.</li> </ol> <p><b>B. Rehabilitation</b></p> <ol style="list-style-type: none"> <li>1. Rehabilitation of patients with chronic diseases:</li> <li>2. Injury assessment, treatment and rehabilitation: <ul style="list-style-type: none"> <li>• Rehabilitation specificities in patients with locomotors apparatus disorders. Ensuring patient safety at home and outdoors.</li> <li>• Rehabilitation specificities in patients with cardiovascular diseases.</li> <li>• Rehabilitation specificities in patients with respiratory tract diseases.</li> <li>• Rehabilitation specificities in patients with gastrointestinal tract diseases.</li> <li>• Rehabilitation specificities in patients with urogenital tract diseases.</li> </ul> </li> <li>3. Postoperative patient care.</li> </ol>	<p><b>I</b></p> <p><b>I</b></p> <p><b>II</b></p> <p><b>II</b></p> <p><b>I</b></p> <p><b>I</b></p> <p><b>I</b></p> <p><b>I</b></p> <p><b>I</b></p> <p><b>II</b></p> <p><b>II</b></p> <p><b>II</b></p>
<p><b>Skills</b></p> <ol style="list-style-type: none"> <li>1. Encourage patient safe-care and active participation in the rehabilitation process.</li> <li>2. Patient and family education.</li> <li>3. Home care provision.</li> <li>4. Care of bedridden patients.</li> <li>5. Physical and mental status assessment during rehabilitation period.</li> <li>6. Medical records keeping.</li> </ol>	<p><b>I</b></p> <p><b>I</b></p> <p><b>I</b></p> <p><b>I</b></p> <p><b>I</b></p> <p><b>I</b></p>

## **Implementation**

Acquisition of attitudes, knowledge and skills presented takes place throughout training in Family Medicine. Outpatient facilities, polyclinics, offices of family physicians, hospitals and rehabilitation centers can serve as training settings.

- Literature review.
- Interactive methods of teaching – role play, small group discussions, video materials, practical sessions.
- The FN Department involves appropriate specialists in the training process.
- The FN Department conducts case presentations and discussions for training and experience exchange purposes, as well as to assess the self-study performed by trainees.
- The FN Department performs current and final assessment of the trainees' knowledge and skills.

## **References**

- Fundamentals of Patient Home Care. – Translated by YSBMC.
- Nursing Care in Neurology. – Yerevan SBMC, 2004
- Nursing Care in Rehabilitation. – Yerevan SBMC, 2004
- Everything on Patient Care at Home and in Hospital. – ed. by B.P.Mashtakov – Moscow, 1999.

## ASPECTS OF MEDICAL GENETICS

### Introduction

The objectives of medical genetics are to diagnose and prevent hereditary diseases. During the past two decades medical genetics has been developing rapidly reflecting both the emphasis on the role of heredity in different pathologic conditions as well as practical implications of the latest discoveries in this area. In collaboration with family physicians family nurses should actively use the latest developments in practice in the name of the happy and healthy family.

### Attitudes and Values

1. Consider family as the object of medical – genetic study.
2. Recognize the role of heredity and environmental factors in development of health problems.
3. Emphasize importance of cooperation between family physicians, nurses and geneticists in disclosing, diagnosing and managing genetic problems.
4. Recognize the importance of ethical and legal norms while dealing with hereditary problems.

<b>Knowledge</b>	<b>Class</b>
1. Fundamental principles of genetics, medical genetics.	<b>I</b>
2. Heredity and environment. Mutations, mutagens.	<b>I</b>
3. Heredity and pathology. Classification of hereditary diseases.	<b>I</b>
4. Chromosome diseases (Mediterranean fever, Phenilketonuria, etc )	<b>I</b>
5. Gene diseases, their classification. Hereditary metabolic disorders.	<b>I</b>
6. General principles of diagnosing hereditary diseases, genealogic analysis.	<b>I</b>
7. Principles and stages of medical – genetic counseling.	<b>II</b>
8. The structure of genetic services in Armenia.	<b>II</b>
<b>Skills</b>	
1. Examination of patients and their relatives aimed at detecting hereditary and congenital abnormalities: <ul style="list-style-type: none"> <li>• Obtaining and analyzing history and genealogical data</li> <li>• Determining the frequency of symptom manifestation in the family and helping the patients to make appropriate decisions.\</li> <li>• Using appropriate terminology while describing patient’s phenotype</li> </ul>	<b>II</b>
2. Detection of high-risk patients for multifactorial disease development.	<b>II</b>
3. Conducting medical – genetic counseling: <ul style="list-style-type: none"> <li>• Explaining health problems to patients and his/her relatives in a language that can be easily understood by them.</li> <li>• Awareness of existing genetic services and ability to provide necessary counseling.</li> </ul>	<b>II</b>

## **Implementation**

Acquisition of attitudes, knowledge and skills presented takes place throughout training in Family Medicine. Outpatient facilities, polyclinics, offices of family physicians, family planning offices, offices of medical genetics and genetic laboratories.

- Literature review.
- The FN Department ensures acquisition of appropriate knowledge and skills, as well as involves appropriate specialists in the training process.
- The FN Department conducts case presentations and discussions for training and experience exchange purposes, as well as to assess the self-study performed by trainees.
- The FN Department performs current and final assessment of the trainees' knowledge and skills.
- FN trainees assess the course and their immediate clinical supervisor (physician or nurse). The FN Department takes into account the results of this assessment for continuous quality improvement.

## **References**

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- ii. General and Medical Genetics.– R.G.Zayats, V.E.Butvilovskiy, I.V.Rachkovskaya, Rostov-na-Donu, “Phoenix”, 2002.
- iii. Medical Genetics. – V.Lents. – Moscow, “Visshaya Shkola”, 1992.
- iv. Small Medical Encyclopedia (Electronic version).
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## IMMUNOLOGIC DISORDERS AND ALLERGY

### Introduction

About 10% of the world population has allergic disorders. Environmental pollution and growing number of chemical substances in household products, food and industry cause increasingly common serious health problems due to immune system dysfunctions and allergy. Family nurses often deal with patients who have allergic and immunological problems and should provide continuous and comprehensive preventive and medical care.

### Attitudes and Values

1. Appreciate the importance of educating the patients and their families on allergy prevention, display individual approach.
2. Consider patient's lifestyle, habits and socioeconomic conditions as predisposing factors.
3. Understand the role and importance of immunization in prevention of the infectious diseases.
4. Appreciate the importance of recognizing the varied symptoms of immunological disorders and providing emergency care if indicated.
5. Understand the role of collaboration between the family physicians, nurses and narrow specialists.
6. Recognize the importance of personal example that might help to change the patient's lifestyle.
7. Appreciate the importance of educating the patients and their families on allergy and immunological disorders.

Knowledge	Class
1. Natural and acquired immunity.	I
2. Immunization and vaccines: national immunization calendar, cold chain and logistical issues related to immunization.	I
3. Types of allergic reactions, immediate and delayed allergic response.	I
4. Risk assessment.	I
5. Diagnosing allergic diseases.	II
6. Contemporary approaches to treatment, care and prevention of allergic diseases.	I I
7. Common allergic disorders and their management particularities (nettle rash, asthma, rhinitis, dermatitis, anaphylactic shock).	I
8. Nursing process in different disorders, emergency care, patient care and education.	

Skills	
1. Immunization technique and calendar.	I
2. Allergy detection and healthy lifestyle advocacy.	I
3. Health problem recognition and assessment.	I
• history taking and physical examination,	I
• complete blood count, biochemical analysis,	II
• patient counseling and referring to specialists,	II
• differential diagnosis of allergic disorders.	II
4. Skills in treatment, care and prevention:	I
5. Follow-up care and management of patients with allergic diseases,	II
6. Assessment and management of cases requiring urgent and emergency care,	I
7. patient and family education on health issues.	I
8. Medical records keeping.	I

### Implementation

Acquisition of attitudes, knowledge and skills presented takes place throughout training in Family Medicine. Outpatient facilities, polyclinics and offices of family physicians can serve as training settings.

- Literature review.
- The FN Department provides topical lectures and practical sessions.
- The FN Department conducts case presentations and discussions.
- FN trainees assess the course and their immediate clinical supervisor (physician or nurse). The FN Department takes into account the results of this assessment for continuous quality improvement.

### References

- Unified Family Medicine Curriculum – approved by RA MOH Decree N613 of July 21, 2003.
- Encyclopedic Reference for Nurses, Physician Assistants and Midwives – ed. by V.I.Borodulin. – Moscow, “Oniks” Publishing House: Alliance-B, 1999
- Manual on Pharmacotherapy for Physicians and Pharmacists. – ed. by E.S.Gabrielyan and R.G.Boroyan, Yerevan, 2001.

## HUMAN BEHAVIOR AND MENTAL HEALTH

### Introduction

Human behavior and mental health problems frequently cause disability and there is serious area for concerns taking into account the existing risk factors:

1. unemployment
2. poverty
3. migration
4. political crises
5. socioeconomic difficulties

These problems are very frequent in the population every day's life and measures aimed at mitigating them can help improve the mental health status.

### Attitudes and Values

1. Understand that psychological syndromes and be able to prevent, provide emergency care, treat and rehabilitation within the primary health care system.
2. Be able to organize psychological classification, to plan preventive work, to treat as well as to provide medical care in emergency situations.
3. Understand that human behavior largely depends on physical as well as mental health
4. Appreciate the difficulties faced by the families of patients with mental health problems and be able to support them.

Knowledge	Class
<b>A. General knowledge</b>	
1. Impact of acute and chronic mental diseases on families and communities.	I
2. Functions of the family in overcoming common stress.	I
3. Common stressors of patients, families and communities and ways to overcome them.	I
4. Ethical issues in medical practice – informed consent, confidentiality and others.	I
<b>B. Mental health disorders</b>	
1. Main disorders diagnosed in childhood and adolescence.	I
2. Sexual and sexual identification disorders	I
3. Mood disorders	I
4. Appetite disorders	I
5. Sleep disorders	I
6. Adaptation mechanisms disorders	I
7. Character disorders	I
8. Age-related changes in mental functions	I
9. Education related problems in children and adolescents	I
10. Self-identification disorders	I
11. Stage-of-life disorders	I
12. Loss and grief	I
13. Mental disorders and the society.	I
14. Specificities of communication with patients with mental health and their families.	I II
15. Family behavior in case of mental health disorders.	I
16. Specificities of nursing process in:	

○ mental disorders	I
○ psychogenic reactions	I
	I
<b>Skills</b>	
1. Skills in conducting interview, document completion and reporting.	I
2. Detecting main problems of the patients and their families.	I
3. Patients with mental health problems and their families in urban and rural areas: specificities and approaches.	I
4. symptoms Recognition of common mental disorders.	II
5. Principles of pharmacological management, assessment of management effectiveness.	I
6. Collaboration between the family nurse and psychiatric service.	I
7. Emergency care in mental health disorders.	
8. Psychological support to patients with mental health problems. Suicide and dangerous behavior prevention.	I
9. Follow-up care of patients with mental health disorders.	I
10. Counseling of patients with mental health disorders and their families.	I
11. Ensuring favorable conditions and atmosphere:	
a. patient safety in the family	I
b. encouraging self-care and employment of patients with mental health disorders	
12. Dealing with families with parents or children with mental health disorders.	I
13. Legal protection of patients with mental health disorders.	
14. Rehabilitation of patients with mental health disorders:	I
15. medical	I
16. social	
17. professional	
18. psychological	

## Implementation

- Literature review.
- Interactive methods of teaching – role play, small group discussions, video materials, practical sessions.
- Ambulatory and polyclinic facilities, FM offices, hospitals and nursing homes can serve as training sites.
- The FN Department involves appropriate specialists in the training process.
- The FN Department conducts case presentations and discussions for training and experience exchange purposes, as well as to assess the self-study performed by trainees.
- The FN Department performs current and final assessment of the trainees' knowledge and skills.
- FN trainees assess the course and their immediate clinical supervisor (physician or nurse). The FN Department takes into account the results of this assessment for continuous quality improvement.

## References

- Psychohygiene of Sex in Children. – “Meditsina”, 1986.
- Depression in General Practice. – A.B.Smulevich, Moscow, 2001.

- Fundamentals of Psychiatry for General Practitioners. – M.N.Zharikov, Moscow, “Meditsina”, 2001.
- Everything on Patient Care at Home and in Hospital. – ed. by Yu.P.Nikitin, B.P.Mashtakov – “GEOTAR MEDITSINA”, Moscow, 1999.
- Psychiatric/ Mental Health Nursing – Ruth Beckmann Murray, R.N., M.S.N., Ed.D – Appleton and Lange, California.

## MEDICINES AND WAYS OF THEIR ADMINISTRATION

### Introduction

Good knowledge of pharmacology is a must for all the practicing medical specialists, and family nurses are not an exception. Mastering fundamentals of pharmacology will allow them to be more effective in patient care provision.

### Attitudes and Values

1. Recognize the importance of knowledge of pharmacology.
2. Understand that poor socioeconomic conditions can obstacle the treatment course.
3. Recognize the importance of medicine administration way.
4. Be aware of the relevant laws and sub law acts.

<b>Knowledge</b>	<b>Class</b>
1. Main laws, sub law acts and regulations on medicines.	<b>II</b>
2. Types of pharmacotherapy.	<b>I</b>
3. Completing drug registration documents.	<b>I</b>
4. Main types of medication.	<b>I</b>
5. Routes and types of medicine administration:	<b>I</b>
o general rules of medicine use	
o enteral way of medicine administration	
o external route of medicine administration	
o inhalation route of medicine administration	
o parenteral way of medicine administration	
6. Complications due to certain routes of administration.	<b>I</b>
7. Use of medicines in children and the elderly.	<b>I</b>
<b>Skills</b>	
1. Application of liniments, powders and plasters.	<b>I</b>
2. Application of nasal, eye and ear drops and liniments.	<b>I</b>
3. Tablets, powders and liquid medicines, dosages, sublingual use.	<b>I</b>
4. Inhalations.	<b>I</b>
5. Dilution of powder antibiotics for injection.	<b>I</b>
6. Diagnostic and allergy intracutaneous tests.	<b>I</b>
7. Different types of injections.	<b>I</b>
8. Arranging IV line, IV injections and infusions.	<b>I</b>
9. First aid in allergic reactions.	<b>I</b>
10. Medical records keeping.	<b>I</b>

### Implementation

Acquisition of attitudes, knowledge and skills presented takes place throughout training in Family Medicine. Outpatient facilities, polyclinics, offices of family physicians, hospitals and emergency care stations can serve as training settings.

- Literature review.
- Interactive methods of teaching – problem-based teaching, role play, small group discussions, case presentations, etc.

- Under the supervision of their trainers and/or other specialists FN trainees see patients in outpatient settings, recognize and assess risk factors, provide health education and healthy lifestyle advocacy.
- The FN Department conducts case presentations and discussions for training and experience exchange purposes, as well as to assess the self-study performed by trainees.
- The FN Department performs current and final assessment of the trainees' knowledge and skills.
- FN trainees assess the course and their immediate clinical supervisor (physician or nurse). The FN Department takes into account the results of this assessment for continuous quality improvement.

## References

- Encyclopedic Reference for Nurses, Physician Assistants and Midwives – ed. by V.I.Borodulin. – Moscow, “Oniks” Publishing House: Alliance-B, 1999
- Reference Book for Nurses. – O.L.Zadvornaya, M.Kh.Turyanova – Moscow, “Novaya Volna”, 2001.
- Fundamentals of Nursing Care. – V.R.Veber, G.I.Chuvakova, V.A.Lapotnikov, Moscow, “Meditsina”, 2001.
- Everything on Patient Care at Home and in Hospital. – ed. by B.P.Mashtakov – Moscow, 1999.
- Nursing Practice – Reference – T.S.Shcherbakova – “Phoenix”, 2000

## LABORATORY AND INSTRUMENTAL EXAMINATION

### Introduction

A duly equipped Family Medicine Office laboratory is an important factor in providing high-quality and efficient medical care. Family nurses need knowledge and skills to carry out useful quick and available laboratory examinations, certain instrumental examinations and to organize the work of the laboratory.

### Attitudes and Values

Understand that office laboratory provide the opportunity of to carrying out quick and available laboratory studies which in their turn improve the quality and efficiency of care provided to patients.

Understand the importance of accurate work and effective resource use in the process of carrying out laboratory investigations and work organization.

- Family nurses should be informed on reliable, simple and inexpensive laboratory equipment and types of necessary reagents, their modes of acquisition and employment.
- Family nurses should continuously improve their knowledge in laboratory medicine.

<b>Knowledge</b>	<b>Class</b>
1. Laboratory and instrumental examinations that should be provided by family nurses according to the Statement.	<b>I</b>
2. Procedure and equipment for laboratory tests <ul style="list-style-type: none"> <li>○ Choice of type of the laboratory and instrumental examinations</li> <li>○ Specimen – related issues: specimen collection technique, storage, transportation and problems arising in this process.</li> </ul>	<b>I</b>
3. Quality assurance and quality control <ul style="list-style-type: none"> <li>○ laboratory equipment and furniture</li> <li>○ documentation management</li> <li>○ information storage</li> <li>○ safety rules</li> </ul>	<b>I</b>
4. Safety assurance: <ul style="list-style-type: none"> <li>○ prevention of specimen – related contagion</li> <li>○ Rules of working with dangerous chemical substances</li> </ul>	<b>I</b>
<b>Skills</b>	
1. Taking urine samples for analysis.	<b>I</b>
2. Complete blood count – white blood cells, red blood cells, hemoglobin level, erythrocyte sedimentation rate.	<b>I</b>
3. Taking throat, vaginal and anal smears.	<b>I</b>
4. Taking stool samples for analysis.	<b>I</b>
5. Taking sputum samples for analysis.	<b>I</b>
6. Performing ECG.	<b>I</b>
7. Measuring blood pressure.	<b>I</b>
8. Blood glucometry.	<b>I</b>
9. Patient preparation for X-ray and ultrasound examination.	<b>I</b>
10. Implementing contemporary safety techniques.	<b>I</b>
11. Equipment and supplies assessment, operation and management (autoclave, etc.).	<b>I</b>

**Implementation**

- Literature review.
- Practical sessions in laboratory settings.
- The FN Department involves appropriate specialists in the training process.
- FN trainees assess the course and their immediate clinical supervisor (physician or nurse). The FN Department takes into account the results of this assessment for continuous quality improvement.

**References**

Unified Family Medicine Curriculum – approved by RA MOH Decree N613 of July 21, 2003.

- Encyclopedic Reference for Nurses, Physician Assistants and Midwives – ed. by V.I.Borodulin. – Moscow, “Oniks” Publishing House: Alliance-B, 1999
- Reference Book for Nurses. – O.L.Zadvornaya, M.Kh.Turyanova – Moscow, “Novaya Volna”, 2001.

Fundamentals of Nursing Care. – V.R.Veber, G.I.Chuvakova, V.A.Lapotnikov, Moscow, “Meditsina”, 2001.

What Medical Analyses Can Tell. – V.S.Kamishnikov, – Minsk, “Belaruskaya navuka”, 1998.

## PALLIATIVE AND END-OF-LIFE CARE

### Introduction

Dying patients can be taken care both in hospital and at home, that is why family nurses play a key role in palliative and end-of-life care provision. Nursing care is aimed at ensuring physical and emotional comfort for the dying patient. Family nurses and other specialists involved in the process of care (physicians and social workers, relatives and friends, clergy, etc.) should be able to prepare the patient psychologically to the inevitability of death and ensure respectful attitude towards him/her providing all the possible comfort.

### Attitudes and Values

1. Show compassion and empathy towards dying patients and members of their families.
2. Keep ethical rules in relationship with patients and their relatives.
3. Appreciate the importance of specific family and community traditions related to death and mourning rituals.
4. Pay special attention to psychological condition of children and adolescents who have experienced the loss of one of their family members.

<b>Knowledge</b>	<b>Class</b>
1. Common symptoms and syndromes specific for terminal conditions.	<b>I</b>
2. Five stages of grieving.	<b>I</b>
3. Behavior particularities in patients with death fear.	<b>I</b>
4. Behavior particularities in patients who have put up with the inevitability of death.	<b>I</b>
5. Providing support to families that have experienced the loss of a member.	<b>I</b>
6. Ethical aspects in dealing with persons sentenced to death.	<b>I</b>
7. End-of-life care provision at home.	<b>I</b>
8. The role of the nurses in palliative care.	<b>I</b>
9. Ensuring vital functions, including nutrition of a dying patient.	<b>I</b>
10. Reaction of family members to an unexpected loss.	<b>I</b>
11. Methods of life resuscitation, when not to resuscitate.	<b>I</b>
12. Death – symptoms, stages and types. Death verification.	<b>II</b>
13. Handling the dead body.	<b>II</b>
14. Legal issues.	
<b>Skills</b>	
1. Assessing the physical status of a terminally ill patient.	<b>II</b>
2. Psychological counseling to patients and members of their families.	<b>I</b>
3. End-of-life care provision at home.	<b>I</b>
4. On-going communication and work with patients and their families, including the period following patient's death.	<b>I</b>
5. Education of care givers and family members on providing appropriate home care.	<b>II</b>
6. Nursing care in families experiencing loss of a member.	<b>I</b>
7. Medical records keeping.	<b>I</b>

## **Implementation**

Acquisition of attitudes, knowledge and skills presented takes place throughout training in Family Medicine.

- Literature review.
- Interactive methods of teaching – role play, small group discussions, video materials, practical sessions, case presentations, tests.
- Under the supervision of FN trainers the trainees perform home visits to patients with chronic diseases and participate in patient care as well as patient and family communication.
- The FN Department involves appropriate specialists in the training process.
- The FN Department performs current and final assessment of the trainees' knowledge and skills.
- FN trainees assess the course and the FN Department takes into account the results of this assessment for continuous quality improvement.

## **References**

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- Fundamentals of Nursing Practice. – S.A.Mukhina, I.I.Sernevskaya, Moscow, 1996.
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- “Medical Ethics” (Bioethics) – M.Ya.Yarovinskiy; Moscow, “Meditsina”, 2001.

## MEDICAL INFORMATICS AND COMPUTER USE

### Introduction

Computer skills are necessary to all the specialists regardless of their age or profession. Family nurses also need medical informatics knowledge and computer skills in their practice to receive the information needed to meet the health care needs of patients, as well as to organize document management.

### Attitudes and Values

1. Recognize the importance of computer skills.
2. Emphasize computer use in routine practice.
3. Recognize the importance of internet resource use.
4. Understand the need for assessing the results of informatics application in routine work.

<b>Knowledge</b>	<b>Class</b>
1. Mandatory and optional computer equipment.	<b>I</b>
2. Software support.	<b>I</b>
3. Computer memory, measurement units.	<b>I</b>
4. Simplest methods of computer use.	<b>I</b>
5. Principles of assessing and analyzing information (scientific medical articles, research, practical guidelines).	<b>I</b>
<b>Skills</b>	
1. Seeking, acquiring and processing medical information through computer, using internet and electronic mail.	<b>I</b>
2. Choosing the source of information most appropriate for the particular case from the different kinds of information available.	<b>I</b>
3. Assessing acquired medical information and using it in practical work.	<b>I</b>

### Implementation

- Literature review.
- Opportunity to use literature sources and internet in everyday practice.
- The FN Department involves appropriate specialists in the training process.
- FN trainees assess the course and the FN Department takes into account the results of this assessment for continuous quality improvement.

### References

- Windows Operational System – Using MS Word and MS Excel.
- Unified Family Medicine Curriculum – approved by RA MOH Decree N613 of July 21, 2003.

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Primary Healthcare Reform Project

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Հրատարակվել է Առողջության առաջնային պահպանման բարեփոխումների ծրագրի կողմից՝ ԱՄՆ Միջազգային զարգացման գործակալության աջակցությամբ (պայմանագիր թիվ GHS-I-00-03-00031-0): Արտահայտված տեսակետները հեղինակներին են և պարտադիր չէ արտացոլեն ԱՄՆ ՄՁԳ կամ ԱՄՆ կառավարության կարծիքը: