**TOPICS and QUESTIONS FOR EXAMINATION**

**I. YOUR MEDICAL EDUCATION**

1. What institute or university did you graduate from?

2. What can you say about the history of your university?

3. What famous scientists worked at the University?

4. How many faculties does it have?

5. Which faculty did you study? Why did you choose that faculty?

6. Was it difficult for you to study there? If so, why?

7. What were your favourite subjects?

8. Did you do any research there? What in particular?

9. Did you take part in any conferences? What reports did you make?

10. When did you choose your medical specialization? Do you think it was the right choice? Did you change it when you were a student? If so, why?

11. Who were your favourite professor and why?

12. Did you try to combine work and studies at the University or not?

13. Were there many scientific research circles in the University? Did you join any of them?

14. Did you like to do research at the University?

15. What did you do after graduation? Did you start working?

16. Did you go to residency? How long did you study there? Do you think it was very useful? Where did you study? What did you do there? Did you work? Did you have any practical training in hospitals? What did you do there?

**NOTES:**

**II. WORKING DAY OF A DOCTOR**

1. Are you working now? If yes, where?

2. How long have you been working as a general practitioner/physician/ dentist?

3. What are your professional duties?

4. How long does your working day last?

5. When do you start work?

6. What does your day begin with? Does it begin with rounds or seeing patients?

7. How many patients do you see every day?

8. Do you do any night / round-the-clock duties? If yes, how many?

9. Do you often need any help of other specialists?

10. Do you have many lectures a day? Do you attend all of them?

11. Do you have clinical classes? Are they very useful? Do they help you to develop/improve your professional skills?

12. Do you know what skills a doctor must have? Do you have all of them?

13. Do you know the difference between hard skills and soft skill? Which are more difficult to master and why?

**NOTES:**

**III. YOUR RESEARCH WORK (QUESTIONS A)**

1. What is the subject of your thesis? Why have you chosen it?

2. Do you manage to do your research every day and when?

3. Have you written the first chapter of you thesis? Do you think it is difficult to do literature review? Why?

5. Have read many articles on your topic? Are there many publications in English?

6. Which countries have made many discoveries in your area of research? Do you think they might be helpful and important to you? Why? Are you going to use them? Why?

7. Have you written any articles? How many? What are they about? Do they just describe the advances and achievements made in your area? Which of them are the latest ones?

8. Do you often turn to your scientific adviser for help? When and why?

9. Is it easy or difficult for you to write articles to medical journal? What is the most time-consuming part of the article?

10. How many articles are you required to write? Are you going to describe the results of your experiment/ tests in your articles? How?

11. Does anybody help you to proofread your articles? How?

**NOTES:**

**III. YOUR RESEARCH WORK (QUESTIONS B)**

1. What is the subject of your research work?

2. What does your research work deal with?

3. What is the purpose of your research work?

4. When did you get interested in the problem?

5. Who does the priority in this field of medicine belong to?

6. How long have you been working on this problem?

7. Is your work experimental or theoretical?

8. Have you found many publications on the subject of your thesis? In what language?

9. How many publications in English are included in your list of references?

10. How much of your research have you already done?

11. How many patients have you already examined (if any)?

12. What part of your research are you working on now?

13. What is the structure of your thesis? What parts does your thesis consist of?

14. What illustrations does your thesis include?

15. What do you describe in the first chapter?

16. What is the second chapter devoted to?

17. What methods and techniques of research and patient examination do you use?

18. Have you developed any new approach to research?

19. How are the data obtained analyzed? How do you check your experimental data?

20. What is the practical value of your work

**NOTES:**

**IV. YOUR SCIENTIFIC ADVISOR**

1. Who is your scientific advisor? Did you choose him/her yourself or was he/she assigned to you by the Department? Why was he/she assigned to you?

2. What do you know about him/her as a scientist? Has he/she got many publications? Have you studied all of them? Is he/she famous in the scientific circles in your country and abroad? How? Why?

3. What are your relations with him/her? Does h/she read your articles and parts of your research work carefully? Are his/her comments and remarks very useful? Why? How do you use them?

4. Do you think that you are lucky to have such a scientific advisor? Justify your position.

5. What is his/her position in the clinic? Is he/she a practicing doctor? Is he/she very experienced and skillful? Can he/she be a good example of a great doctor/surgeon? If so, why?

6. What his/her recommendation do you consider very valuable for the future?

**NOTES:**

**V. LEVELS OF HEALTHCARE**

**Introduction**

Within the broader health system, there are various levels or domains of health care practice. [[1]](https://www.physio-pedia.com/Levels_of_Healthcare#cite_note-:1-1) They are often described as a pyramidal structure, with three or sometimes four tiers of health care representing increasing degrees of specialisation and technical sophistication, generally with increasing costs of care. The greatest number of patients are seen at the first level of primary care that is typically their first contact with the healthcare system, with diminishing numbers of patients seen as they are filtered out of this first level into higher levels of specialised care at secondary, tertiary and now even quaternary care. [[1]](https://www.physio-pedia.com/Levels_of_Healthcare#cite_note-:1-1)

Primary, secondary, tertiary and quaternary care refer to the complexity and severity of health challenges that are addressed, as well as the nature of the patient-provider relationship. The healthcare providers who are part of these four levels of healthcare, together provide medical services such as evaluation, diagnostics, provision of treatment or onward referrals to the next level of care based on the specific health needs.

**Primary Care**

Primary health care is a people-centred rather than disease-centred service that addresses the majority of a person’s health needs throughout their lifetime including physical, mental and social well-being. Primary care is generally the first level of care that patients receive when they have medical concerns or needs and takes a whole-of-society approach that includes health promotion, disease prevention, treatment, rehabilitation and [palliative care](https://www.physio-pedia.com/Palliative_Care_Competence_Framework_for_Physiotherapists)[[2]](https://www.physio-pedia.com/Levels_of_Healthcare#cite_note-:0-2). In most cases for patients this means being seen by a primary care physician, also called a general practitioner or family physician, although first contact care can also occur across a wide range of other health care professionals including a pharmacist, physiotherapist, speech and language therapist, etc depending on the specific health care system within your country. In many parts of the world, particularly in developing countries, people may currently access their first-contact care, where available at all, from non-medically personnel; who may have received some basic training in health promotion.

As health care systems attempt to meet the needs of populations living longer and with more complex health needs, and with health service delivery being shifted to the community, there has been an increasing emphasis on primary health care and it is generally recognised as the part of the health system that people use most and may be provided by a wide range of health care professionals. Continuity of care is a key characteristic of primary care, as patients usually prefer to consult the same practitioner for routine check-ups and preventive care, health education, and every time they require an initial consultation about a new health problem. So in many cases, the relationship between the patient and provider can often occur over a long period of time in primary health care versus secondary and tertiary care settings, with providers often following a patient’s development and medical history for several years and sometimes most of their lifetime. [[2]](https://www.physio-pedia.com/Levels_of_Healthcare#cite_note-:0-2)

A primary care practitioner must possess a wide breadth of knowledge in many areas given that primary care involves the widest scope of health care, including patients of all ages, all socioeconomic and geographic origins, as well as patients seeking to maintain optimal [health](https://www.newworldencyclopedia.org/entry/Health), and patients with all types of acute and chronic physical, [mental](https://www.newworldencyclopedia.org/entry/Mental_health) and social health issues, including [multiple chronic diseases](https://www.physio-pedia.com/Multimorbidity). A primary healthcare service may diagnose and treat common health conditions within their area of expertise and have the ability to assess the urgency of the condition and refer the patient to other medical specialists where needed. Studies have shown that primary care providers benefit the healthcare system as a whole by offering enhanced access to healthcare services, better health outcomes, which tend to lead to a decreased use of emergency department visits and hospitalisation.

The World Health Organization attributes the provision of essential primary care as an integral component of an inclusive primary health care strategy and suggests that a primary care approach should include the following three components: [[2]](https://www.physio-pedia.com/Levels_of_Healthcare#cite_note-:0-2)

meeting people’s health needs throughout their lives;

addressing the broader determinants of health through multi-sectoral policy and action; and

empowering individuals, families and communities to take charge of their own health.[[3]](https://www.physio-pedia.com/Levels_of_Healthcare#cite_note-3)

**Benefits of Rehabilitation in Primary Care**

Primary health care is where the diagnosis of a large majority of health conditions, the identification of problems in the functioning, and referral to other service delivery platforms need to occur.  The following benefits can be listed among others:

**Better quality of life**.

**Reduction of the prevalence** and minimization of the disabling effects of [**chronic conditions**](https://www.physio-pedia.com/Chronic_Disease)**among adults and children.**

**Facilitation of the continuity** of care that supports full recovery.

**Helps to lessen** the risk of preventable complications and secondary conditions.

**It can also help to avoid** costly hospitalizations and re-admissions

Early access to rehabilitation through integration in primary health care helps to optimize outcomes, mitigate disability and improve people’s ability to live independent lives. The World Health Organization's (WHO) emphasis on universal health coverage and its recent launch of the Rehabilitation 2030 Call for Action are encouraging steps towards the goal of strengthening rehabilitation within the health system and in particular within primary health care.

**Secondary Care**

Secondary Health Care is the specialist treatment and support provided by doctors and other health professionals for patients who have been referred to them for specific expert care, most often provided in hospitals. Secondary care services are usually based in a hospital or clinic, though some services may be community-based. They may include planned operations, specialist clinics such as cardiology or renal clinics, or rehabilitation services such as physiotherapy. Secondary healthcare includes a wide range of specialists such as psychiatrists, cardiologists, obstetricians, dermatologists, paediatricians and gynaecologists.

Secondary care is more specialized and focuses on helping patients who are struggling with more severe or complex health conditions requiring the support of a specialist. Secondary care simply means you will be taken care of by someone who has more specific expertise about your condition. Examples of medical situations needing secondary care services include [cancer](https://www.physio-pedia.com/Oncology) treatment, medical care for [pneumonia](https://www.physio-pedia.com/Pneumonia) and other severe and sudden [infections](https://www.physio-pedia.com/Infectious_Disease), and care for [broken bones](https://www.physio-pedia.com/Fracture).

Depending on the policies of the national health system, patients may be required to see a primary care provider for a referral prior to being able to access secondary care, while in some health systems medical specialists may see patients without a referral, and patients can self-refer to the service, this is most common in countries with Private Health Care or Self-Pay Systems. Allied health professionals, such as physical therapists, respiratory therapists, occupational therapists, speech therapists, and dietitians, also generally work in secondary care, accessed through either patient self-referral or through physician referral. [[6]](https://www.physio-pedia.com/Levels_of_Healthcare#cite_note-6)

**Tertiary Care**

Tertiary care, is a level above secondary health care, that has been defined as highly specialised medical care, usually provided over an extended period of time, that involves advanced and complex diagnostics, procedures and treatments performed by medical specialists in state-of-the-art facilities [[7]](https://www.physio-pedia.com/Levels_of_Healthcare#cite_note-7). As such Consultants in tertiary care centres have access to more specialised equipment and expertise.

Tertiary care can be available either at a Regional or National level, dependant on the size and resources available in the country. Aa a result most people may have to travel to reach a tertiary care centre, which may result in delayed diagnosis and treatment and increase the costs for health care. [[8]](https://www.physio-pedia.com/Levels_of_Healthcare#cite_note-:3-8)[[9]](https://www.physio-pedia.com/Levels_of_Healthcare#cite_note-:4-9) Referral for tertiary care services can come from both primary and secondary care health professionals and care is generally provided as an inpatient based service, although there are elements of care that can also be performed on an outpatient basis.

Examples of tertiary care services include specialist cancer management, neurosurgery, cardiac surgery, transplant services, plastic surgery, treatment for severe [**burns**](https://www.physio-pedia.com/Burns_Overview)**,** advanced neonatology services, palliative, and other complex medical and surgical interventions.

This is the care that comes into the picture as a referral to patients by the primary and healthcare providers.

The individuals may require advanced medical procedures such as major surgeries, transplants, replacements and long-term medical care management for diseases such as cancer, neurological disorders.

Specialized consultive medical care is the highest form of healthcare practice and performs all the major medical procedures.

Advanced diagnostic centres, specialised intensive care units and modern medical facilities are the key features in Tertiary Medical Care.

The practices that provide tertiary medical care could be part of the government or a combination of both public and private sectors.

**Quaternary Care**

Quaternary care has been defined as an extension of tertiary care in reference to advanced levels of medicine which are highly specialised and not widely accessed, and usually only offered in a very limited number of national or international centres. Experimental medicine and some types of uncommon diagnostic or surgical procedures are considered quaternary care.[[11]](https://www.physio-pedia.com/Levels_of_Healthcare#cite_note-11) [[12]](https://www.physio-pedia.com/Levels_of_Healthcare#cite_note-12)

Like tertiary care, quaternary care also tends to have large catchment areas, often catering for individuals, not only countrywide but worldwide, particularly when providing care for very rare health conditions with small numbers of patients globally. This may have significant impacts for the patient with large distances delaying diagnosis  and treatment with complications in the coordination of care between all healthcare providers involved in the patient's care, particularly after discharge when the responsibility for care typically returns to the patient’s primary care physician.[]](https://www.physio-pedia.com/Levels_of_Healthcare#cite_note-:2-13) Given the complexity or rarity in conditions of patients attending quaternary centres longer hospital stays and increased mortality may also be seen at this level of care.

**Conclusion**

The cost of treatment at the various levels can be dramatically different, and generally, the cost of treatment for patients at the primary healthcare level is usually only a small fraction of that at the third level. Ideally, provision of health care at all levels of care and in all settings should be available to all patients; such health care is referred to as [**universal health care**](https://www.physio-pedia.com/Universal_Health_Care)**.**

**Medical Definition of Primary care:** : health care provided by a medical professional (as a general practitioner or a pediatrician) with whom a patient has initial contact and by whom the patient may be referred to a specialist for further treatment —often used attributively

*primary care physicians / primary care practice primary care medicine/ — called also primary health care*

**Medical Definition of Secondary care:** : medical care that is provided by a specialist or facility upon referral by a primary care physician and that requires more specialized knowledge, skill, or equipment than the primary care physician can provide

**Medical Definition of tertiary care:** : highly specialized medical care usually over an extended period of time that involves advanced and complex procedures and treatments performed by medical specialists in state-of-the-art facilities

**NOTES:**

**VI. Four Pillars of Ethics in Healthcare and How Do you Use**

**them in your Work?**

The first principle of Beneficence, simply put means to do good to others. As basic as this sounds, this is hard to apply to real-life situations where ‘good’ has an uncertain meaning. However, the emphasis is on the fact that the decision will be best for the patient. Ideally, the patient should be assessed in all aspects to depth with quantitative assistance, such as QALY (quality-adjusted life years) which we will discuss later on. When considering what decision will be best for the patient, how much harm is caused to the patient will also have to be reviewed.

This brings on to **the second point**, Non-maleficence. This means to do no harm or at a minimum, limit the harm done to the patient. This principle should be thought of as interdependent with Beneficence, since doing good and preventing harm act together. However, we must change our perception of Non-maleficence. The majority will assume that as a doctor how will we harm? How can any decision a doctor takes be difficult since not harming is obvious? Maleficence can take on many forms, one of them being the side effects on drugs and surgery. An example would be when a doctor is confronted with the decision to provide a morbidly obese patient with either weight loss surgery or an exercise/diet plan. Looking at the surface of the dilemma, neither option causes any harm, and both provide benefit to the patient, and it could even be said that surgery would be quicker and better for the patient. Although in some cases this may be true, and there are many factors to consider, there will always be a small level of maleficence when operating on a patient and potential side effects which should be taken into account. In some situations, an exercise regime may be valued more due to improving mental toughness and in some cases, is more of a long term solution to weight loss whereas complications in bariatric (weight loss) surgery can result in regaining weight.

**The 3rd core pillar is Autonomy**. This involves the free will of patients and any individual, stating that they have the deciding say of which treatment is carried out, provided that they have the required mental capacity to effectively decide (factors affecting mental capacity includes age, mental health issues such as dementia, learning disabilities, substance/alcohol misuse, brain injuries resulting in confusion and unconsciousness). In some scenarios, it may feel wrong to accept a patient’s decision, but we must respect their perspective even if you feel that it is incorrect. A helpful idea is to think of ‘the separation of tasks’. It is the patient’s task to decide their treatment, not yours. However, this does not mean that you cannot effectively assist the patient by informing you of treatment options, clear explanations of the issues, and the advantages and disadvantages of each process, all from an unbiased professional approach. To return the idea of the separation of tasks as mentioned in the book ‘The Courage to Be Disliked’, your task may not be to decide for them but to assist them in any way possible that they desire.

**The final principle is Justice**. This aspect of medical ethics is usually the hardest concept to apply and the most emotionally conflicting. However, we can split the principle into separate sections. Applying justice to medical scenarios firstly involves not discriminating and treating all people as equals, regardless of race, gender, etc. This is usually the easier point to grasp. The second point is that since the NHS is comprised of finite resources, we must equally distribute them. This involves taking into account cost-benefit ratios, opportunity costs (the opportunity cost of providing treatment to one person instead of another, can result in the possible deterioration of the untreated. When faced with a situation such as a donated liver can only be provided to one of two people, it will feel immoral and emotionally distant to look at how many people are dependent on the patient, cost-benefit analysis of the treatment and how much it improves a patient’s life by, and quality-adjusted life years. QALY is a score ranging from 1(perfect health) and 0(deceased), which is accordingly weighted with various factors. These include time trade-offs, which compare life expectancy and quality of life, risks of potentially life-improving or impairing treatments, the effectiveness of carrying out daily tasks and the level of pain they’re in. Although this cannot replace a doctor coming to a well-informed decision, it can assist in it.

Overall, there is no completely correct or incorrect answer. When faced with these difficult scenarios, it will feel hard to be satisfied with a final decision. More importantly, the decision must be made. You must come to a decision- “If I were a doctor, what would I do?”. Sure, you can talk about these 4 ethical principles, you can argue what is morally right and what is immoral, but a decision must be made.

**VII. Medical Institution**

1. What clinic (hospital, research centre) do you work at?

2. When was it founded? Why is it popular?

3. What departments does your clinic have?

4. Who is the head of the clinic? What is he/she famous for?

5. How many doctors, surgeons and residents work at the clinic?

6. How is the clinic equipped?

7. What can you say about professionals working at your clinic?

8. What research work do specialists of your clinic carry out?

**NOTES:**

**VIII. Describing a Disease**

1. What is the most common disease in your area of research?

2. What are the main symptoms of this disease? Is it difficult or easy to diagnose it? Why? Does it have any similar symptoms with any other diseases? What are they, if any? What tests are required to diagnose this disease?

3. What categories of people have this disease and why does it develop?

4. What are the reasons for the disease? How can it be treated?

5. Can the disease be cured completely? If yes? How?

9. How long does the disease usually last?

10. What organs does it affect?

**NOTES:**

**IX. History taking**

1. What is a history of a patient?

2. What is the history of the patient used for?

3. How is the history of the patient taken?

4. Is it convenient to have the patient history in the computer? Why?

5. What do you usually have to write there?

6. Can you make referrals to the second level of healthcare? When?

7. Does it take a long time to fill in the patient/s history?

**NOTES:**

**X. Scientific Conferences/ Meetings**

1. Have you ever attended any conferences? When? What kind of conference was it?

2. Have you ever done any presentations at any meetings? When? What did you speak about?

3. Do you like to take part in the meetings organized for the post-graduate students? Do you make any reports at these meetings? Do you find them interesting and useful?

4. How often are they held? How many people come to those meetings?

5. What is the main purpose of these meetings?

6. Are you given the agenda (program) of the meetings in advance?

**NOTES:**