UAB
Universitat Autònoma de Barcelona

Family and Community Medicine

2026/2027

Code: 106706
Credits: 3

Degree programme	Type	Course
Medicine	OB	3

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Group languages

You can consult this information at the end of the document.

Prerequisites

There are no official prerequisites, but it is recommended that candidates meet the following criteria:

• Be enrolled in the third year of the degree.

• It is advisable to take the course after the start of clinical training.

• Have passed the subjects Clinical Practice I and II.

• Be enrolled (though not necessarily have passed) in the subject of Pathophysiology and Clinical Semiotics (third year).

Given the practical nature of this course, which takes place in a Primary Care Centre, students are expected to commit to preserving confidentiality and professional secrecy regarding any data they may have access to during their training in healthcare services. Likewise, a professional and ethical attitude is expected in all their actions.

Objectives

The context in which the subject of Family and Community Medicine takes place represents the students' first contact, during their clinical training phase, with the primary healthcare system.

Several aspects of clinical care practice are considered part of the scope of primary care, including: home visits; the preventive and community-based approach to behaviours, lifestyles, and health problems, taking into account their social and gender-related determinants; continuity of care throughout a person's life, including end-of-life care; comprehensive management of individuals with multiple health conditions and situations of vulnerability or frailty; and a family-oriented and intersectional approach to certain health problems.

Furthermore, primary care is where the diagnostic process for many health problems begins, where referral and consultation criteria are defined, and where the so-called *continuum of care* is ensured-that is, coordination with other levels of the healthcare system and with community and social care services-aiming to provide equitable, accessible, and gender-sensitive care.

Likewise, the foundations will be laid to carry out research in primary care with an integrative approach.

The learning objectives of this course are as follows:

• To understand the structure of the primary care team and its members, valuing professional diversity and interdisciplinary collaboration.

• To appropriately conduct the clinical interview, including complex situations such as delivering bad news, with emotional sensitivity, ethical awareness, and a gender-sensitive approach.

• To understand the principles and practice of home care, tailored to individual needs and the surrounding environment.

• To integrate preventive activities that promote health equity, taking into account social and gender-related determinants.

• To understand the care of individuals with multiple health conditions and complex pharmacological treatments, promoting a comprehensive and person-centred approach.

• To introduce research in primary care from a critical, ethical, and gender-sensitive perspective.

• To introduce deprescribing and quaternary prevention strategies, aimed at avoiding unnecessary medicalisation and associated risks, especially in vulnerable populations.

This course is complemented by others such as the Academic Itineraries in Medicine (AIMs), Pathophysiology, and Clinical Semiotics, fostering a coherent, progressive, and person-centred educational experience. It is worth highlighting the significant contribution of women to the development, coordination, and educational innovation of this subject, both in clinical practice and in academia. Currently, the coordination of the subject is led by a primary care physician, reflecting a strong commitment to gender equity and female representation in academic leadership roles.

Learning outcomes

1. Describe the system for assessing health programmes and make a critical analysis of this system.
2. Describe the new health problems arising from migratory movements in Europe that are treated in primary healthcare.
3. Accept that professional decisions are taken within a framework of uncertainty.
4. Differentiate between risk to the population and individual risks.
5. Question a simple model to explain the state of health/illness of individuals.
6. Identify the presentation forms of the different pathological processes.
7. Observe the therapeutic approach, the clinical course and its prevention in cases where this is possible.
8. Prepare a complete patient record systematically.
9. Perform an anamnesis and a complete physical examination by systems on adults and children.
10. Identify the basic elements of the face-to-face doctorpatient interview in a context of high accessibility and longitudinal care.
11. Describe the communication process and its effect on the professional caregiverpatient relationship.
12. Explain the elements to be considered when assessing patients' role in decision-making on their health and on the medical attention they receive at their primary healthcare centres.
13. Participate in discussions to solve the clinical problems being faced.
14. Know the basic elements of the communication of clinical research results.
15. Maintain and sharpen one's professional competence, in particular by independently learning new material and techniques and by focusing on quality.
16. Be able to work in an international context.
17. Communicate clearly, orally and in writing, with other professionals and the media.
18. Use information and communication technologies in professional practice.

Contents

Appropriate use of the clinical interview in special situations, such as delivering bad news, which should enable: identifying the patient's concerns and reasons for consultation in an empathetic and unbiased manner; exploring guiding symptoms; assessing psychosocial aspects with sensitivity to gender and contextual inequalities; identifying diagnostic and therapeutic possibilities; and applying narrative support techniques that promote a respectful, person-centred clinical relationship.

Understanding of home care: identification of the most frequent reasons for consultation; understanding the roles of different professional profiles within the primary care team; appropriate use of diagnostic and therapeutic techniques in the patient's home; and assessment of the role of caregivers, as well as the family and community environment, with special attention to the care burden, which often disproportionately affects women.

Preventive activities: knowledge of the main prevention strategies in adults (vaccination, screening for cardiovascular risk factors and neoplasms, health promotion-physical activity, healthy eating, mental health, among others), taking into account the social, cultural, and gender-related determinants that affect access, adherence, and outcomes of these interventions.

Care for individuals with multiple health conditions and polypharmacy: identification of challenges in clinical management, rational use of medication, pharmacological interactions, comorbidities, and therapeutic burden, with an individualized approach that is person-centred and sensitive to social and gender context.

Understanding the basic elements of research dissemination in primary care, promoting clear, ethical, inclusive, and gender-sensitive scientific communication.

Understanding how and when deprescribing should be carried out in people on multiple medications, especially when certain drugs offer no clinical benefit and pose a higher risk of adverse effects or interactions, in accordance with person-centred medicine and equitable use of therapeutic resources.

Recognizing the importance of quaternary prevention as an ethical tool to avoid unnecessary medicalisation, overdiagnosis, and overtreatment, by promoting shared, informed decisions that respect each person's preferences, values, and circumstances.

Course content blocks:

• A. Clinical interview

• B. Home care

• C. Individuals with multiple health conditions and polypharmacy

• D. Preventive activities

• E. Introduction to research in primary care

• F. Deprescribing and quaternary prevention

Learning activities and methodology

Title	Hours	ECTS	Learning outcomes
PREPARATION OF ASSIGNMENTS / PERSONAL STUDY	39.9	1.596	
SEMINARS	12	0.48	
Clinical care practices (CCP)	21	0.84	

For the current academic year, the teaching staff appointed by the Departments as responsible for the subject at both Faculty and Teaching Unit (UDH) level are as follows:

Responsible Department: Medicine

Faculty Coordinator: Asunción Wilke Trinxant (MariaAsuncion.wilke@uab.cat)

UD Vall d'Hebron: Joan Juvanteny (juvanteny@gmail.com)

UD Germans Trias i Pujol: Asunción Wilke (awilke.bnm.ics@gencat.cat)

UD Sant Pau: M.ª Antònia Llauger (mallauger@gencat.cat)

UD Parc Taulí: Carme Expósito (Carmen.Expósito@uab.cat)

Clinical Placements

Type: Supervised Clinical Practice (PCA)

Content: Clinical practice at a Primary Care Centre (CAP) for a total of 21 hours. Students are assigned in pairs (groups of 2).

Seminars

Type: Specialised Seminars (SESP)

Group size: Up to 25 students

Duration: 6 sessions of 2 hours each (with 10 minutes allocated for assessment)

Scheduling: Organised by each Hospital Teaching Unit (UDH)

Seminar content:

• Seminar 1: Clinical interview (How to deliver bad news)

• Seminar 2: Foundations of research in primary care

• Seminar 3: Home care

• Seminar 4: Preventive activities

• Seminar 5: Care of individuals with multiple health conditions and polypharmacy

• Seminar 6: Deprescribing and quaternary prevention

Given the nature of the seminars (work based on clinical cases), students are expected to have reviewed the seminar materials in advance. These will be made available through the Virtual Campus.

Exceptionally, and based on the judgement of the course coordinators, the availability of resources, and the current public health situation within each Teaching Unit, some of the theoretical, practical, and seminar content may be delivered either in person or online.

Note: 15 minutes of one session, within the timeframe established by the centre/degree programme, will be allocated for students to complete course and teaching performance evaluations.

Note: 15 minutes of class will be reserved,within the calendar established by center/degree, for students to complete the surveys to evaluate the performance of the teaching staff and to evaluate the subject.

Annotation: within the schedule set by the centre or degree programme, 15 minutes of one class will be reserved for students to evaluate their lecturers and their courses or modules through questionnaires.

Assessment

Continuous assessment activities

Title	Weight	Hours	ECTS	Learning outcomes
Evaluation of clinical cases and/or skills in the	15%	0.7	0.028	1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12,

seminars				13, 14, 15, 16, 17, 18
Practical evaluation	35	0.4	0.016	1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 16, 17, 18
Assessment by objective tests: multiple choice items/restricted questions	50%	1	0.04	1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18

This course does not offer a single final evaluation option.

The assessment is continuous, based on attendance and the evaluation of various learning activities.

To pass the course, it is essential to meet the following requirements:

a) 100% attendance of clinical placements at the Primary Care Centre (CAP) (21 hours)

b) 100% attendance of the seminars (6 seminars)

c) A minimum grade of 5 out of 10 in the final seminar assessment

d) Aminimum grade of 5 out of 10 in the final course examination

Honours Distinctions (Matrículas de Honor) will be awarded among the highest final marks. The minimum grade required to be eligible for this distinction is 9.5 out of 10.

The final evaluation will consist of 3 components:

1. Evaluation of clinical placements in the Primary Care Centre (CAP)

This assessment will be carried out by the clinical tutor at the CAP and will include the following components:

-Attendance and punctuality at practices (maximum 10 points)

-Professional and ethical attitude (maximum 10 points)

-Communication with the people being treated and the rest of the team (maximum 10 points)

-Clinical decision-making (maximum 10 points)

-Comprehensive approach to people (maximum 10 points)

This component accounts for 35% of the final grade.

2. Evaluation of the seminars

The knowledge and skills acquired will be assessed through a short-answer test (2 to 4 questions) or a clinical case related to the seminar topic. This evaluation will take place at the end of each seminar (duration: 10 minutes).In seminras where flipped classroom methodology is used, people who actively participate in the presentation will be evaluated by the professor responsible for the seminar through questions .

This component accounts for 15% of the final grade.

3.Assessment through Objective Testing (Final Examination)

The final examination consists of a multiple-choice test and/or short-answer questions.

Multiple-choice questions may include either single-best-answer or multiple-answer formats. Unanswered questions will not be penalized; incorrect answers will result in a deduction of points.

Students who have not fulfilled 100% attendance at practical placements and seminars will not be eligible to sit this examination.

This assessment accounts for 50% of the final course grade.

Non-Assessable Students

A student will be considered non-assessable if any of the following circumstances apply:

a) Failure to attend 100% of the Primary Care Centre (CAP) placements (21 hours).

b) Failure to attend 100% of the six seminars.

Resit Examination

Students who do not pass the final examination (grade below 5.0/10), or who are unable to take it due to justified personal circumstances, may sit a resit examination.

Failure of the Course

Students who do not pass the course must re-enrol in a subsequent academic year.

Students who have completed 100% of the Primary Care Centre (CAP) placements will not be required to repeat them. However, attendance at all seminars will again be mandatory in order to be eligible to sit the final examination in the subsequent enrolment period.

Any irregularity committed during an assessment activity (including academic fraud, plagiarism, or improper use of Artificial Intelligence, unless such use is expressly authorized in the course guide) that may lead to a significant alteration of the assessment outcome will result in a grade of 0 for that assessment activity. If the course guide establishes that obtaining a minimum grade in that assessment activity is an essential requirement for passing the course, or if multiple irregularities occur in assessment activities within the same course, the final course grade will be 0. In addition, disciplinary proceedings may be initiated against any student involved in such misconduct.

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Software

No specific software is necessary

Course groups and languages

The information provided is provisional until November 30. After this date, you will be able to consult the language of each group through this link. To access the information, you will need to enter the course CODE