

GENERAL PRACTITIONER IN IRAN

TASKS AND EDUCATIONAL NEEDS

Authors:

Shahram Yazdani, MD
Saeed Hatami, MD

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Preface:

Community based education and outcome based education has been introduced to medical education for quiet a long time but no comprehensive attempt has been made to specify detailed outcomes expected from medical graduates by society.

The undeniable central role of GP's in the country's health system and the critical importance of objective specification of GP's tasks for development and design of educational and health intervention warrant the approval of "role definition, task analysis, and educational needs assessment" by *Management and Planning Organization* in association with *Ministry of Health and Medical Education* as one of "specific projects for national development".

We are honored to provide the result of "role definition tasks analysis and educational needs assessment" for GP's as care provider after 4 years of hard work in a series of 21 books.

We deeply hope that the application of the results of this project which is unique in its kind throughout the world make a major contribution to improvement of education of GP's and to development of an integrated and coordinated Health Services in Iran.

Shahram Yazdani MD

Saeed Hatami MD

Acknowledgement:

Malekafzali H, PhD
Akbari E, MD
Amini A, MD
Esteghamati A, MD
Mohammadi N, MD
Adibi P, MD
Jahandideh H, MD
Karimi Garkani R, MD
Karimi Haghighat M, MD
Ghasemi B, MD
Ahmadvand A, MD
Habibi G,
Karimi Gaorkani R,
Hossenzadeh M, MD
Hosseini F, MD
Gholami R, MD
Babaei D, MD
Homayounizand R, MD
Rezai A, MD
Mortazavi F, MS
Piriyaee M, MD
Derakhshan A, MD
Zaynaloo A, MD
Nikseresht A, MD
Shakoornia A,

Heidarzadeh A, MD
Jalili Z, MD
Bigdeli B, MD
Gorgzadeh L, MD
Rahmani Z, MD
Arashnia P, MD
Ehtiyati A, MD
Seyedsafizadeh M, MD
Yazdaninejad S, MD
Ehsani S, MD
Beihaghi H, MD
Azadvari M, MD
Olad E, MD
Barangi M, MD
Taheripanah T, MD
Rezaeezadeh H, MD
Kasraee F, MD
Mohammadi N, MD
Erfani R, MD
Ehteshami E, MD
Hassani S, MD
Mirmiran B, MD
Erfani N, MD
Hosseini M,
Eskandari Z,

Special committees:

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Khorsandi Ashtiyan M, MD
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Alavi kh, MD
Mokhtari N, MD
Naghibzadeh M, MD
Oveisi M, MD
Mozafarinia K, MD
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Saber Firouzi M, MD
Adibi P, MD

Gynaecology & Obstetrics:

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Moeeni A, MD
Ashrafinia M, MD
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Jahanian , MD
Pourjavad , MD
Aflatounian A, MD
Karimzadeh Meibodi M, MD

Hematology & Oncology:

KHodadad K, MD
Baibordi I, MD
Abolghasemi h, MD

Infectious Diseases:

Yalda A, MD
Mardani Dashti M, MD
Taghavi N, MD
Nabavi M, MD
Shokohi SH, MD
Vahdani P, MD
Sadrizadeh B, MD
Soodbakhsh a, MD
Hajabdolbaghi M, MD
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Pakzoomand A, MD

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Faghihi Habibabadi H, MD
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Abdollahzadeh Lahiji F, MD
Emami Tehrani M, MD
Jazayeri M, MD
Yazdani SH, MD
Baghdadi T, MD
Marashi A, MD
Shakibi M, MD

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Sayari A, MD
Karimi A, MD
Miri M, MD
Aghighi y, MD
Bavariyan B, MD
Amini A, MD
Baradaran R, MD
Barzegar M, MD
Vosough P, MD
Farbod Hosseini R, MD
Partovi S, MD
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Momen A, MD
Jamili B, MD
Zahed Pasha Y, MD

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Nasr Esfehane M, MD
Abdolahiyane E, MD
Ziyaadini H, MD
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Farhadi Nasab A, MD
Modabernia M, MD

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Tohidi M, MD
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Tadayoun A, MD
Shamsa A, MD
Mahdavi Zafarghandi R, MD

Introduction and Objectives

Health systems have nowadays a major role in sustainable development of all countries. According to the World Health Organization's definition, health system includes all organizations, institutions and resources dedicated to provide or produce health actions. A health action, the main objective of which is health improvement, is any effort to maintain personal health, public health services and/or any intersectoral program.

In order to accomplish their goals, health systems require various financial, logistic and human resources. The major capital and the most important input of a health system are certainly its human resources. These resources include all clinical and non-clinical staff who provide personal interventions and public health activities. In most countries, two third or more of total current expenditures in health system is exclusively for the costs of human resources.

Among clinical staff, which includes behvarz, paramedical staff, general practitioners and specialists, general practitioners (GPs) have the major effect on promotion of health care in the society both quantitatively and qualitatively.

●●● General Practitioner ●●●

Different definitions have been proposed for a GP and his roles. In its 2002 report, WONCA Europe described the roles and tasks of GPs in the community. According to this definition, general practitioners are individual physicians who are primarily responsible for providing general and continuous health care for all people in need of these cares regardless of their gender, age or disease.

According to Olsen GP is a specialist trained to provide health care services at the front lines of the health systems and to take the first steps in managing each health problem in the society. It should be noted that GPs' position, in contrast with its definition in Iran, is described as that of a specialist in developed countries.

●●● Tasks and Roles ●●●

The above definition clearly demonstrates the wide spectrum of tasks and roles of GPs in the society. Numerous tasks of GPs may be reduced by classification based on their similarities. The set of tasks in one group is called a *role*.

Several roles can be assigned for GPs in the health system, the most prominent of which are:

1. Health care provider
2. Health promoter
3. Researcher
4. Educator
5. Manager
6. Community leader
7. Gatekeeper and coordinator of health services

The GPs' most important role in the society is obviously the provision of health care for all people. However, these sets of tasks (roles) may overlap with each other and create sub-roles such as "research in health management".

GPs' true position in the structure of health system can only be determined if their roles and tasks are clearly defined. This clarification could not be realized unless the public needs are assessed and updated regularly.

Medical society has been witnessed an increasingly progressive scientific production in recent years. On the other hand, new diseases and medical needs emerge as our life styles deeply change and new technologies and devices are introduced to everyone's life day by day. Physicians must obviously acquire appropriate knowledge, attitude and skills in order to properly respond to these new problems and needs.

Determining the full details of GPs' tasks based on true needs-assessment and scientific principles may result in several important achievements that are briefly reviewed in this book in the "Results Applications" section. The product of the project actually defines what is expected from GPs which establishes a solid basis for a reform that could be brought about in the national medical education system.

GPs' Educational Needs

Graduate medical degree program has been rather the same for many years, without any major review or change of its content. The fact that educational content has not changed in response to the changes in social needs leads to two major problems. First, a great number of diseases and topics taught in Iranian medical schools are far beyond what GPs actually need in practice. This has made most medical students puzzled in identifying their educational priorities and learning the clinical skills. In these circumstances, they usually rely on the extent their mentors stress on a specific topic or their final evaluation method.

Second, there are many conditions and health problems that a general practitioner should be able to diagnose and manage, so medical students need to learn them completely and comprehensively but they are not included in the current curriculum. GPs learn many scientific issues and medical skills after graduation in clinics and private offices, often not in a standard manner, which should be taught in undergraduate curriculum.

A medical student must know the relative importance of and the optimal learning level for each curricular topic. This fact has been ignored in the current curriculum. Maybe the main reason for this negligence is that the roles and position of a GP in health system is not clearly defined. Obviously, we would not be able to establish any agenda for general practitioners until these roles are clarified. In addition, if we don't clarify what tasks do we expect a GP to be able to do, medical education content would not be outcome-based. It can be argued that all national and even international efforts carried out in this respect in recent years, suffer from not being detailed enough and an inability to conclude any practical guideline from available data. They are at most a list of important topics in medical professions and their relative priorities. None of the previous studies has provided a measure to transfer and compare data.

In 1999, Shaheed Beheshti University of Medical Sciences Education Development Center started a program with the cooperation of Avicenna The Great Cultural Institute to study and carefully assess the curricular content of several medical universities and schools in different countries. After a three-year process, the current project was designed in order to analyze the GPs' tasks and subsequently review and reform the medical curriculum content. After proper adjustments and approvals, the project was implemented in a two-year period with financial supports from Management and Planning Organization and the Ministry of Health and Medical Education.

In order to accomplish the objectives of this project –i.e. GPs' task analysis and clinical educational needs assessment in terms of both practical and theoretical needs- a framework was designed that is unique in view of comprehensiveness and accuracy. The present series is the result of this project.

Previous Experiences

Considering the significance and extensiveness of the project, a comprehensive review was performed to find comparable studies and cases in literature that could help in formulating the project framework. These references included national and international books and articles as well as reports, dissertations, statements, etc.

Of all literature reviewed, there were only two studies that were structurally similar to the current project.

● 1. *Graduate Education in Internal Medicine* ●

This document –the second edition of which was published in February 2002 in USA was the result of the joint activity of American College of Physicians and American Society of Internal Medicine. This series has been designed as a guideline for curriculum development for internal medicine residency program in the United States.

While providing a description of the field of internal medicine and the internists' general tasks in the 21st century, this series provides the definitions and principles of curriculum development as well as hypotheses and methods used in the study.

The report classifies the essential abilities of an internist into integrative disciplines and clinical competencies.

Integrative disciplines refer to the common knowledge and skills that physicians in most medical specialties must have. In order to assist expert and professional groups in their educational approach toward these capabilities, integrative disciplines have been organized in three tiers:

1. The first tier, encompassing core values of internal medicine, includes humanism, professionalism, and medical ethics.
2. The second tier contains 12 areas such as lifelong learning, continuity of care, clinical methods, interviewing, physical diagnosis, clinical epidemiology, etc.
3. The third tier, concerning the common skills, includes 7 areas such as home care, nursing home care, occupational medicine, etc.

Clinical competencies encompass abilities such as clinical presentations, practical skills, laboratory tests and management of clinical situations that an internal medicine resident may face.

Each of these two sections was divided into three categories –organ systems, specific populations, and specific places- so that each one's dimensions could be clearly determined. For each entry in each subgroup, items such as educational priority, the required time for education, the place of education, learning method and evaluation methods were clarified. A complete version of this project is published as a computer software.

2. Swiss Catalogue of Learning Objectives for Undergraduate Medical Training

This 156-page report –the last edition of which was published in January 2002- was the work of Supplemental Commission of Swiss Medical Schools. The purpose of this one-year project was to determine competencies required for achieving a medical diploma and to determine the educational objectives for curriculum development.

The project final report was presented in four chapters. The first chapter provides general overview of a general practitioner's knowledge, attitude and skills. In the second chapter, a list of acceptable objectives which a GP should achieve is presented. These objectives are expressed based on four main axes: medical aspects, scientific aspects, personality aspects, and social and health care system aspects. Common important medical problems, which are frequently seen in practice, are discussed in the third chapter. This section lists the diseases and their signs and symptoms divided into general and specific specialties.

The final chapter, which forms the main body of the report, provides specific objectives for each specialty in view of clinical picture, further knowledge, and skills.

Each of these three parts has some levels, so that educational objectives for each disease and specific problem could be clearly described. For example, skills have four levels:

1. First level: Learning the skill is necessary for a medical student at least the theoretical aspects.
2. Second level: Learning the theoretical aspects of the skill is necessary for a medical student as well as observing it.
3. Third level: The student must perform the skill at least several times under the supervision of a senior physician.
4. Fourth level: The student must be able to perform the skill independently without difficulty.

The diseases and their selected signs and symptoms were finally categorized and published in the report according to their coding and level of required knowledge, attitude and skill.

It must be noted that other related studies throughout the world were generally performed in limited areas of medicine and confined themselves to general tasks and objectives.

Project Main Components

As the title clearly expresses, the project had three main interrelated components:

- A. GP's position and role definition
- B. GP's task analysis
- C. GP's clinical educational needs assessment

● A. GP's position and role definition ●

Following a review of national and international literature, scientific references were gathered and analyzed, and an introductory document was published and distributed among members of the policy-making council consisting of a number of health system executives, experts, faculty members, specialists and other professionals. The council members were asked to review the GPs' position and their different roles in the national health system structure according to the document as well as considering successful experiences of other countries.

In addition, general and inter-disciplinary competencies of general practitioners in different fields (e.g. physician-patient interaction, health system and society, communication, consultation, history taking, physical examination, screening, patient education, prescription and pharmacology, follow up, management, understanding organization and structure of national health system, knowledge of health-related international organizations, health-related technologies and their updates, the future of medicine, physician's health and efficacy, social, ethical and research issues, fluency in English language, etc) were determined by special committees of the policy-making council.

Since the most important role of a physician in health system is to provide clinical services, *Task Analysis* and *Clinical Educational Needs Assessment* phases were carried out based on this major role.

A specific datasheet was designed in the information management software for each of these two phases, which formed the main body of the project.

B. GP's task analysis

Analysis of role-related tasks in a society can be done either in full detail or with a general view based on the nature of its application. In a general analysis of GPs' tasks, we can include thorough and accurate history taking, correct and timely diagnosis, proper treatment, etc.

However, when we are to consider details of GPs' tasks, we must clearly determine what the main axes are. "Diseases and clinical signs" were the main axes for task analysis in the GP project.

In order to accurately determine a GP's tasks, we had to classify them under unambiguous topics for each disease. Therefore, the tasks regarding each disease were divided into seven categories: diagnosis, treatment, referral, follow up, prevention, screening, and patient education.

Levels and Coding of GP's Tasks

Table 1. Codes of GP's tasks levels for diagnosis a disease

D0.	Diagnosis is not a GP's task.
D1.	Diagnostic activities are limited to history taking and physical examination
D2.	Diagnostic activities include simple, non-invasive paraclinical* assessment
D3.	Diagnostic activities include advanced (invasive) paraclinical* procedures.

Table 2. Codes of GP's tasks levels for treatment of a disease

T0.	Treatment is not a GP's task.
T1.	Primary treatment including symptomatic treatment is a GP's task.
T2.	Advanced conclusive treatment is GP's task.

Note: Patient stabilization in emergency situations is a GP's task in all these levels.

Table 3. Codes of GP's tasks levels for patient referrals

R0.	The patient must be referred on suspicion.
R1.	The patient must be referred on diagnosis.
R2.	The patient must be referred after stabilization.
R3.	The patient must be referred after primary treatment for more advanced treatment.
R4.	The patient must be referred after primary or conclusive treatment, if complications occur.
R5.	The patient does not need referral.

Table 4. Codes of GP's tasks levels for prevention

P0.	Prevention is not possible or is not a GP's task.
P1.	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
P2.	Prevention is a GP's task by vaccination.
P3.	Prevention is GP's task by risk factor screening, avoidance and treatment.

Table 5. Codes of GP's tasks levels for patient follow up

F0.	Follow up is not a GP's task.
F1.	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
F2.	The patient must be visited in certain intervals for follow up or re-prescription.
F3.	The patient must be followed by phone call.
F4.	The patient must be followed in his/her home for direct supervision on medication.

Table 6. Codes of GP's tasks levels for screening

S0.	Screening is not a GP's task.
S1.	Screening high risk people visited at office is a GP's task
S2.	The GP's task is to screen for high-risk groups in his undercover population

Table 7. Codes of GP's tasks levels for patient education

E0.	Patient education is not a GP's task.
E1.	Patient education is limited to share general information on the condition, drug use and their adverse effects.
E2.	In addition to general information, patient needs to learn a skill practically
E3.	Patient education is necessary by educational pamphlets or booklets.

*Paraclinical assessment includes laboratory tests, imaging and pathobiological studies that contribute to diagnosis

	General Practitioner Tasks						
	Diagnosis	Treatment	Referral	Follow up	Prevention	Screening	Patient Education
Shigellosis	2	2	4	1	1	0	1

Thus, a general practitioner's tasks for Shigellosis are as follows:

- **Diagnosis:** Diagnostic activities include simple, non-invasive paraclinical assessment.
- **Treatment:** Advanced conclusive treatment is a GP's task.
- **Referral:** The patient must be referred after initial or conclusive treatment, if complications occur.
- **Follow up:** The patient must be visited again if there is no improvement in disease or in case of exacerbations or complications.
- **Prevention:** Prevention is the GP's task by health education and avoiding pathogenic factors and situation.
- **Screening:** Screening is not a GP's task.
- **Patient Education:** Patient education is limited to share general information on the condition, drug use and their adverse effects.

Note: When the GPs see the patient in an emergency or life-threatening situation, basic life support is their responsibility regardless of the condition. Patient stabilization mentioned in R2 means that before referring the patient to a specialized center, the GP must perform the stabilizing interventions specific to that condition. The difference between R2 and R3 is that the patient may not need to be referred after initial treatment in R3, whereas in R2, the patient must be referred to a specialized center whether or not s/he is treated.

● C. GP's Clinical Educational Needs Assessment ●

In previous phases, we have defined the position of general practitioners in the health system and their general roles and competencies required for this position. Considering “health care provision” as a GP’s main role, we have detailed his/her tasks regarding each disease.

Now a medical student’s clinical educational needs must be assessed. These needs have to be determined and responded properly to enable the medical students to fulfill their responsibilities after graduation. In order to establish competencies in domains of knowledge, attitude and practice, theoretical and practical education must be considered concurrently.

■ 1. Theoretical Educational Needs

Ten themes were considered for theoretical education of each specific disease. In other words, the GP’s required knowledge for each specific disease was classified in ten categories including definition, epidemiology, etiology, pathophysiology, clinical manifestation, paraclinics, diagnostic approach, therapeutic approach, complications and prognosis, and prevention. As in task analysis, these themes also received grading; *priority* and *level* were used for classifying the themes. In other words, we first clarified the extent to which learning a theme is important and necessary for a physician and then, what references should be used and studied for learning it. Each theme has thus a binary code.

As shown in Table 8, four grades were considered for answering the first question (priority), which ranked the necessity of a GP learning the theme in a decreasing manner (A-D).

Table 8. Prioritization of theoretical educational needs

A.	Must Know: Knowing the theme is critical for proper daily practice (minimal knowledge for practice)
B.	Better to Know: Knowing the theme is very useful and is usually applied in practice (good knowledge for practice)
C.	Nice to Know: Knowing the theme is highly regarded and helps to better understand the disease process, treatment process or management of rare cases (ideal knowledge for practice).
D.	No Need to Know: Knowing the theme is not necessary.

Take a look at the following example.

	General Practitioner Tasks							Theoretical Clinical Educational Needs								Practical Educational Needs				
	Diagnosis	Treatment	Referral	Follow up	Prevention	Screening	Patient Education	Definition	Epidemiology	Etiology	Pathophysiology	Clinical manifes.	Paraclinic	Diagnostic app.	Therapeutic app.	Complication	Prevention	Observation	Collaboration	Independent
Pure hypercholesterolemia	2	2	4	2	1	1	1	A2	B2	B2	B2	A2	A2	A2	A2	A2	A2	2	2	2

The epidemiology of hypercholesterolemia receives a B, which means knowing the epidemiology of this condition is very good for a GP and is applied in practice.

Knowing the importance of studying each disease theme is necessary but obviously not enough for medical student; the student or physician has to know what references s/he must use to acquire proper information on the subject. This not only prevents the student from over-studying the themes that are not necessary, but also shows the student the minimal required knowledge s/he must have on a specific condition.

Another classification was applied to meet this educational need. The related references in each field were divided into four levels according to comprehensiveness and specificity of their content (Table 9). This classification suggests the scope of information the student or physician require on each theme of a disease.

Table 9. Classification of theoretic clinical educational references

1.	Advanced Level: Extensive detailed description; information for managing rare cases, atypical manifestations and complication; specialty and subspecialty textbooks.
2.	High Level: Complete description; information for managing most cases of the disease; standard textbooks of general medicine
3.	Intermediate Level: Intermediate description; information for managing simple common cases of the disease; general medicine essential books.
4.	Low Level: Brief description to get familiar with the subject; information is not enough for disease management; handbooks.

It must be noted that reference classification for each special field is provided in the related volume of *General Practitioner* book series. This classification was the result of a consensus among specialists in each field of medicine.

In the previous example, class 2 references were recommended for hypercholesterolemia complication and prognosis. Classification of references in *endocrinology and metabolism* shows that the physician must study the *complication and prognosis* section of hypercholesterolemia in at least one of the following textbooks:

- Eugene Braunwald, et al. Harrison's principles of internal medicine, 15th Ed., 2001.
- Lee Goldman, et al. Cecil textbook of medicine, 21st Ed., 2000, WB Saunders.

Consider pathophysiology of acute conjunctivitis as the second example. It has received a C3, meaning that pathophysiology of this disease is *nice to know* for medical student and that s/he may study the topic with a third level reference in ophthalmology.

	General Practitioner Tasks							Theoretical Clinical Educational Needs							Practical Educational Needs					
	Diagnosis	Treatment	Referral	Follow up	Prevention	Screening	Patient Education	Definition	Epidemiology	Etiology	Pathophysiology	Clinical manifes.	Paraclinic	Diagnostic app.	Therapeutic app.	Complication	Prevention	Observation	Collaboration	Independent
Acute conjunctivitis	1	1	3	1	0	0	1	A3	B3	B3	C3	A2	B3	B3	A2	C3	A3	2	2	1

Note: Since medical references continuously change, no specific book is named in this project for any disease; therefore, references are just graded in four levels so that if a new reference or textbook is published, it could be placed in any of these levels according to the experts' opinion. For example, the reference for *therapeutic approach* for acute conjunctivitis will always be "level 2"; however, many books may appropriately specify this level.

We have argued thus far that for answering theoretical clinical educational needs, GPs' required knowledge was classified based on diseases and each disease was divided in ten categories. Two dimensions were then considered for each category expressing the significance (priority) and the minimum reference level necessary for learning the topic (level). Each category in each disease has thus received a two-section code.

Topics with high priority do not necessarily require a reference of higher level. For example, ophthalmologists believe that a GP must know the definition of *amblyopia* for daily practice; however, a third level reference in ophthalmology is sufficient for the purpose. The *definition* section in clinical educational needs, therefore, receives an A3.

2. Practical Educational Needs

Practical education classification is shown in the following figure. These needs have been classified into three levels based on "the minimum number of cases a medical student must experience in the related educational course". These levels include "Observation of disease management by senior physician"; then "collaboration with

senior physician in disease management"; and ultimately "Independent management of disease".

For example, the followings were considered for hypercholesterolemia in practical educational needs section:

	General Practitioner Tasks							Theoretical Clinical Educational Needs							Practical Educational Needs					
	Diagnosis	Treatment	Referral	Follow up	Prevention	Screening	Patient Education	Definition	Epidemiology	Etiology	Pathophysiology	Clinical manifes.	Paraclinic	Diagnostic app.	Therapeutic app.	Complication	Prevention	Observation	Collaboration	Independent
Pure hypercholesterolemia	2	2	4	2	1	1	1	A2	B2	B2	B2	A2	A2	A2	A2	A2	A2	2	2	2

This means that a medical student must closely observe the management of a hypercholesterolemic patient by a senior physician at least twice in his course of study to achieve the required skills for fulfilling his tasks regarding hypercholesterolemia. He should also collaborate in hypercholesterolemia management with his senior at least twice in teaching clinics or other settings, and finally, manage at least two hypercholesterolemic patients independently. Implementation and evaluation methods of this procedure need specific arrangements, which is beyond the scope of this chapter.

Diseases that general practitioners will often encounter in their course of practice and the management of which is their responsibility have a higher number of practical education cases both collaboratively and independently as their requirements. On the other hand, observational education is enough for specialized diseases that will not be a GP's concern in practice.

Data Validity Control

As will be discussed in the next chapter (implementation phases), data must have been reviewed by experts after completion of needs assessment sheets in order to guarantee their internal consistency. Four stages were designed for data validity control. First, all valid combinations of diagnosis (D), referral (R), and treatment (T) codes were selected because of the importance of these three areas in task analysis. This selection resulted in the following queries:

• (T2) AND (R4 OR R5) AND (D1 OR D2 OR D3)

• (T1) AND (R>1) AND (D1 OR D2 OR D3)

• (T0) AND (R0) AND (D0 OR D1 OR D2)

• (T0) AND (R1) AND (D1 OR D2 OR D3)

For example, if the diagnosis of a specific disease is not a GPs' task (D0), then it would obviously not be their task to treat the disease (T0). Therefore, cases with D0 coding that received a T code of more than "0" were considered internally inconsistent. All these case sheets were omitted and not reflected in data analysis.

In the second phase, the codes provided in the sheets were gathered, the results were reviewed and filtered with internal consistency control queries once again, and invalid sheets were corrected.

The third phase was aimed at creating a coherent rational relation between educational needs assessment codes. A list of all invalid relations was developed in this phase (Table 10).

For example, as the table shows, if a disease receives a T2 in *treatment section* (task analysis) and a priority code of D in *therapeutic approach* (theoric clinical education needs), it would mean that although advanced conclusive treatment of the disease is the GP's task, there is no need to study and know the therapeutic approach. These kinds of inconsistencies were corrected.

Based on table 10, an application was added to the project management software to identify these cases, which were then modified by project experts, considering other available references.

In the fourth validity control stage, final codes for task analysis and theoric and practical educational needs were reviewed. One of the reasons that necessitated this double check was specialty bias.

Because of their profession in a specific field, most special committee members would understandably consider some tasks for general practitioners that are most likely higher than they actually need in practice. If each special committee enforces some degrees of such bias, GPs' tasks and therefore their clinical education would exceed the capacity of a rational GP training program as well as what

Professional opinions of members of elite committee –consisting of experienced specialists in various fields and skilled GPs- were used in this phase. With a wider view over the position and roles of general practitioners in Iran, the committee modified some of the final codes.

Table 10. Invalid combinations and relations between GPs' tasks and their medical educational needs

	CLINICAL MANIF	PARACLINIC	DIAGNOSTIC APP	THERAPEUTIC APP	COMPLICATION
D0	A - B	A - B	A - B	A - B	
D1	C - D	C - D	C - D		
D2	C - D	C - D	C - D		
D3	C - D	C - D	C - D		
T0				A - B	
T1	C - D	C - D	C - D	C - D	C - D
T2	C - D	C - D	C - D	C - D	C - D
R0				A - B	
R1					
R2					
R3	C - D	C - D	C - D	C - D	C - D
R4	C - D	C - D	C - D	C - D	C - D
R5	C - D	C - D	C - D	C - D	C - D

Project Implementation

The project had 3 phases and 16 stages according to the primary proposal approved by the Ministry of Health and Medical Education, and Management and Planning Organization (Table 11).

This chapter briefly reviews the formation, development, implementation and analysis processes of *GPs in Iran* Project.

Phase One

Initial stages including problem definition, needs assessment and review of literature, software and database development, and determination of GP's position in Iranian health system, were all performed in this phase. Review of all national and international literature regarding general practitioners and their training system resulted in what was discussed in chapter 2. Concluding the results, the project's main framework and subsequently its proposal and GAANT chart were prepared. All these activities formed the first stage of this phase, lasting approximately one year.

The project was presented to Management and Planning Organization in National Special Development Projects Conference in 2001. Several meetings were

held with senior managers of the Ministry of Health and Medical Education (MOHME) to clarify and define the project stages and to specifically discuss its outcomes and implementation aspects.

Following approval by the MOHME, the project was returned to the Management and Planning Organization for evaluation. It was accepted with the highest score among all health-related projects after evaluations by the Organization experts.

Project management and database software was designed using Access2000 software. Disease and clinical manifestations as well as all data entry and final report sheets were included in the software. In addition, all information regarding special committees, payments, salary lists, etc were included in the same software for optimal management of project resources.

Development of Disease and Clinical Manifestations Database

GPs' core task domains must first be clearly defined if one desires to analyze their tasks. Diseases and their clinical manifestations were considered as the main theme for task analysis. In order to obtain a complete list of diseases, different references about disease classification were reviewed including ICPC, Dynamed, ICDIH, MESH, HCPCS, ICD-9CM, and ICD10. Of all these classifications, ICD-9CM¹ was selected as the best clinical source and was used in the disease database.

Following initial modifications on the codings, approximately 11,000 disease and clinical sign and symptom were recorded in the database. Since this classification was primarily designed with insurance payment intentions, a review and revision of classification and coding system was inevitable. This modification was performed in line with educational objectives of the project, resulting in about 9560 topics in the database.

A complete list of all board and pre-board faculty members of Iran in 20 medical specialties, senior officials of MOHME in the fields of education and health, chancellors and educational vice-chancellors of most Iranian medical universities, and presidents of national medical scientific associations was prepared to determine the expert scientific body of the project. A number of experienced and knowledgeable specialists not included with this approach were also added to the list.

These experts were grouped in 20 special committees to fulfill the main project stages. Collectively, the committees had more than 430 members.

The fourth stage of Phase One involved an extensive study and review of international literature regarding the role and position of general practitioners in the health system. The results and analysis of this search will soon be published by Shahid Beheshti University of Medical Sciences Educational Development Center as a separate book, "Position and Role of General Practitioner in Iranian Health System".

¹ International Classification of Diseases 9th Revision Clinical Modification (ICD-9CM) is developed and published by the World Health Organization. In this classification, all medical diseases, clinical signs and symptoms and injuries are clustered and coded. It was reviewed and modified in the United States to make it more appropriate for clinical use in treatment centers and medical information systems, and was published as "clinical modification version".

Phase Two

Some diseases were included in several specialty fields. Project experts prepared main tables at the beginning of this phase, so that each disease could be included in no more than four fields. All topics and codes were then reevaluated and it was cleared out which disease could be included in which special field. For example, *impetigo* can be included in both Dermatology and Infectious Disease fields.

Topic Deletion

In the sixth stage, some topics were deleted. There were several diseases in the database that a GP does not need to have any level of knowledge, attitude or skill about them to be a good practitioner in Iran. In other words, these diseases are so rare that general practitioners would either not encounter them in their practice or even if they do, it would not be their responsibility to diagnose and manage. For example, not only Forbes-Albright Syndrome is beyond the scope of a GP's task in Iran, but also being familiar with the syndrome would have no application for a general practitioner. Several meetings and discussions were held during the second phase with experts to review the database topics, and the above-mentioned items were excluded. About 1800 diseases were finally decided on and included in special task analysis and educational needs assessment sheets.

Needs Assessment

This was the tenth and the most important stage of the project. Assessment was based on focus discussion as well as Delphi method. Project manual, which provided a detailed picture of project objectives and achievements, coding system, needs assessment method, sheets completion techniques, etc, was first developed and published. After necessary coordination with specialists and holding several workshops for some of them, needs assessment sheets were printed and distributed specifically for each specialist in the related special committee. Approximately 50,000 sheets were published and sent to about 430 members in 20 specialty committees all over the country along with a volume of project manual.

At the end of the deadline, about 40% of assessment sheets were sent back to the project secretariat. The information in these sheets was gradually entered into the databank designed using SPSS Ver.10 software.

Phase Three

After data entry, data analysis began. To evaluate the internal consistency of specialists' responses to the assessment sheets, data control was performed in four stages (a complete description of data validity control stages is provided in chapter 3).

Data were then analyzed using SPSS and final results were recorded in specified sheets in project data management software. Project executives, experts and specialists discussed and reviewed the results in their multiple meetings in several stages. It was in

these meetings that the share of each specialty field for diseases which are the subject of joint teaching was determined.

In stages 15 and 16 of phase three, final measures were taken to prepare the final project report. We have tried in this 21-volume report to not only present the final project results, but also to provide some practical guidelines -as well as objective examples- for applying these results in both national health system and educational system. It is our greatest hope to be able to apply these results properly in our health system with cooperation of all health-related organizations.

Table 11. Implementation Phases and Stages of *General Practitioner in Iran Project*

Phase One

Stage	Tasks	Time Period (days)
1	Problem definition, detailed needs assessment, problem statement, project design, proposal development, time schedule for implementation, and review of literature	150
2	Software and databank development for organizing collected data during project phases.	120
3	Coordinating sessions with policy-making council, expert committee and technical committee	30
4	Determination of GPs' position in the national health system Data collected in studies at stage 6 is provided to the policy-making council in order to review and revise the position of general practitioners in the health system of the Islamic Republic of Iran	30
5	Determination of GPs' tasks and capabilities General and inter-disciplinary tasks and capabilities of GPs in various areas are determined in this stage, including doctor-patient interaction, society and the health system, communication, consultation, history taking, screening, patient education, prescription writing and pharmacology, follow up, management, familiarity with organization and structure of national health system, familiarity with international health-related agencies, up to date technologies, physician health and efficacy, social, ethical and research issues, fluency in English language, ...	30

 Phase Two

Stage	Tasks	Time Period (days)
6	Training workshops for the special committees and a survey about removing diseases from ICD sheets All the diseases and the conditions that a GP has no stand for their management and knowledge of them are not considered necessary for GPs are omitted. A complete list of diseases, signs, symptoms and skills was prepared and provided to the specialty committees and the GPs' required knowledge regarding each disease, clinical manifestation and/or skill is determined. If diagnosis, treatment and or knowledge about them are not in GPs' agenda, they will be deleted from the list.	105
7	Reviewing ICD sheets The results of specialty committees are gathered and provided to the experts committee for final approval.	45
8	Reviewing the results of ICD sheets and final approval by the expert committee	30
9	Introduction and classification of the approved entries into task analysis and needs assessment sheets	45
10	Explanatory workshops for the special committees and a survey about task analysis and needs assessment sheets. Diseases, clinical manifestations and skills that are not deleted at the beginning of the Phase 3, are introduced into task analysis and needs assessment sheets in this phase. Task domains, theoretic and practical clinical educational needs are determined based on an accurate coding system designed specifically for this reason.	10

 Phase Three

Stage	Tasks	Time Period (days)
11	Reviewing the needs assessment and task analysis sheets, extracting the results and completing the final sheets	45
12	Consensus sessions and determining the share of each specialty in multi-specialty cases. The results of the previous steps are provided to the expert committee and the cases are discussed upon using Delphi method in focus group discussions.	150
13	Determination of educational place for each entry	90
14	Determining the extent of learning physical examination	90
15	Composing, editing and revising the final project report. The study results and its final report are arranged with the approval of policy-making council. The final report includes analytic findings, educational programs and implementation guide. Practical guidelines are provided for applying final report information in curriculum design, educational reference development for different branches of medicine, programming and managing educational courses, foundation of skill labs, scientific and practical evaluation of medical students and graduates, and development of diagnosis and treatment guidelines.	120
16	Publication of the final report	30

Project Result Application

Applications for the national health system

1. Development of referral system
2. Development of clinical practice guidelines
3. Providing a reference document for medical lawsuits
4. Task clarification of medical and paramedical specialties
5. Development of macro policies and payment strategies for insurance companies

Applications for the national medical education system

1. Development of medical textbook
2. Course design for theoretical clinical education
3. Course design for practical clinical education in medical centers
4. Validation and accreditation of educational medical centers
5. Assistance in designing clinical education courses for medical and paramedical specialties
6. Proper evaluation of medical students at the end of the educational course

●●●●● Applications for the national health system ●●●●●

■ 1. Development of referral system

Implementation of patient referral system from general practitioners to specialists and specialized centers is now one of the most important issues in Iran health system. Since the foundation of health network in the country, patient referral from lower levels of health system to higher levels has always been a concern for increasing effectiveness and reducing costs. After years of implementation, unfortunately, we still witness an unproductive referral system especially in urban areas and treatment system.

Achieving a synchronized effective referral system clearly requires scientifically defined frameworks that could guarantee and provide the main pillars of such system. One of the objectives of “GP’s in Iran project” is to provide basic principles for referral health system. Outlining a clear agenda for general practitioners regarding each and every disease helps physicians to understand their task limits and the proper timing for referring the patients to higher levels.

In the *referral* topic of AIDS in infectious diseases section, for example, it is clearly stated that *the patient must be referred on disease suspicion*. It means that when a GP visits someone who has symptoms or risk factors for AIDS, s/he must order proper lab tests, and refer the patient to an infectious diseases specialist if there is any suspicion of HIV infection.

The most problematic challenge of referral system, i.e. task extents and the proper timing for patient referral can thus be resolved. In addition, knowing their task extents regarding each disease, general practitioners who are working in health and treatment centers can identify their advantages and disadvantages better and try harder to enhance their knowledge, attitude and skills.

■ 2. Development of clinical practice guidelines

Evidence based medicine, which has been a subject of discussion among medical circles in the past decade, is a powerful tool for clinical excellence. Evidence based medicine is defined as “clear, accurate and rational application of the best available evidence in decisions regarding patient care”.

Good clinical practice guidelines are not only able to solve most problems that physicians face in their clinical decisions, but are also based on principles of evidence-based medicine. Clinical practice guidelines are of the highest level of evidence applicable in each country or region and are a scientific combination of systematic reviews and regional conditions and preferences. In other words, the conclusions of systematic reviews, which are the results of accurate computation of scientific studies regarding a clinical problem, can only be effective in physicians’ decision-making if specific regional features, such as disease prevalence, patients’ culture, gender and age distribution, etc, are taken into account clearly and practically. This scientific computation is then presented as a clinical practice guideline.

It must be emphasized that each clinical guideline is designed for specific audiences. For example, “bacterial meningitis diagnosis” guideline would therefore be different for general practitioners and infectious diseases specialists.

The results of this project, which specifies the GPs’ tasks in diagnosis, treatment, referral, follow up, etc, obviously have a great role in developing clinical practice guidelines for tackling diseases in our country.

As in the previous example, it is recommended to infectious diseases specialist in their clinical practice guideline to use lumbar puncture (LP) or CT scan for diagnosis of bacterial meningitis; however, a general practitioner’s task is to diagnose the disease to the extent of simple non-invasive tests, and if he suspects bacterial meningitis, he has to refer the patient to specialized centers after stabilizing the patient. Ordering CT scan is thus not a modality used by a GP for diagnosis of bacterial meningitis.

The results of this project can also be used in other sections of clinical guidelines such as treatment, follow up, disease prevention, screening or patient education.

3. Providing a reference for medical lawsuits

One of the patients’ biggest concerns about their doctors is the precision and accuracy of their interventions. On the other hand, increasing job security and decreasing the physicians’ pre-occupation is as necessary for optimizing their services as the patients’ assurance. Lawsuits against physicians and suing them in court trials are a big challenge for judicial system in Iran and even in other countries.

Lack of legal reference documents clearly explaining the tasks and responsibilities of physicians is obviously one of the main reasons that leads to such challenge. For example, a general practitioner practicing in a health center in a remote rural area must decide many times whether to refer a patient to the nearest urban center or manage the patient in his own clinic. The physician may decide on the latter; but although he does everything he can do properly and correctly, the event leads to an unfortunate death or serious complication of the patient. The patient’s family may claim for the physician malpractice and go to the judicial authorities. The judge must weigh the physician’s acts regarding the specific disease against his responsibilities and tasks; if there was a misalignment, the physician must be found guilty.

Certainly, a just verdict can only be reached if there is a clear determination of physicians’ responsibilities regarding each disease. Physicians feeling insecure in their encounter with high risk patients and situations, and therefore, refusing to provide medical care is a significant outcome of some unscientific verdicts against physicians. This refusal and referring the patients to more sophisticated health centers may impose even greater risk to the patients and the health system, albeit it keeps the physician from facing trials.

An important result application in the “GPs in Iran Project” is that we could use the GPs’ task analysis as a reference document in medical lawsuits. For example, the Surgery Booklet (project results) states that diagnosis of inguinal hernia is a GP’s task to the extent of history taking and physical examination and the patient must be referred to a general surgeon if he is diagnosed with the condition. When this task is legalized

and all physicians are informed, the physician will be convicted if any complication occurs in the treatment of inguinal hernia.

4. Task clarification of medical and paramedical specialties

The manpower pyramid in the health system is illustrated in the following figure. As previously stated, the general practitioners' level, although being an intermediary one is especially important both because of the high number of GPs and their extensive tasks. Therefore they have a great role in primary health care.

None of these levels has a clear and detailed determination of tasks and responsibilities. Task clarification for the intermediary level (general practitioners) and applying it in the national health system can also elucidate most responsibilities of higher levels, i.e. medical specialists and sub-specialists. In addition, the tasks of the lower levels such as Behvarz, nurses, midwives, etc, can be largely identifiable using the results of the present project. The following is an example.

Most patients with chronic purulent otitis media are now treated by GPs in clinics and private offices. The results of this study show that treating this condition is not in GPs' task spectrum and they should refer the patient to ENT specialists upon disease suspicion. This naturally indicates that the diagnosis of this disease using sophisticated diagnostic tools and subsequently its final treatment is something that ENT specialists must do. An agenda could thus be developed for ENT specialists regarding all diseases in the field.

5. Development of macro policies and payment strategies for insurance companies

Since direct patient-physician monetary relation was realized to be an obstacle in the road to social equity, designing suitable payment strategies that benefit both physicians and patients became one of the biggest concerns of health policy makers. The foundation of insurance companies as intermediary agencies responsible for pooling and distributing financial resources was based on this very challenge.

All over the world, governments and insurance companies are trying to establish a payment system that is, on one hand, capable to encourage practicing physicians to provide quality services and, on the other hand, make medical care easily accessible to poor patients. Various means and systems have been developed in this regard including salary, capitation, and fee-for-service.

Each system has evidently its own favorable and unfavorable effects. Consider salary payment, for example, which is the most common method to pay physicians. A regular per-hour amount is agreed upon in this system to be paid to physicians and other medical personnel. Its uncomplicated feasibility and access of all patients to all covered medical services are the advantages of this system; however, it does not provide any incentive to physicians to enhance their services.

In those payment systems that the physician is paid for a certain service or a service package -such as fee for service-, the reimbursing company always faces an increasing amount of services provided by the physicians. In these systems, on the other hand, there are motivations to *induce* demand in the patients; there is therefore an intensified demand among patients and consequently an increased service delivery.

The Iranian insurance companies, as major payment sources to physicians especially GPs, are continuously trying to reduce their reimbursement costs, passing favorable and sometimes unfavorable regulations in this regard. Limitations on services and prescriptions provided by GPs, increasing the rate of co-payment, requiring physicians to state the diagnosis on their prescriptions, etc, are just examples of these efforts. Interestingly, these restricting regulations on service provision and prescription writing by GPs were based on no realistic needs assessment or clear definition of their tasks. This can ultimately prevent many patients to have access to proper medical services.

One of the applications of *GPs in Iran Project* results is that it can assist insurance companies to appropriately define service packages the GPs and specialists may provide. This approved definition can lead insurance companies to focus on GPs' main tasks and also help them to design reimbursement practices that reflect actual cost at the part of physician as well as rational benefits for them. In addition, general practitioners can thus focus more on services that are covered by the insurance companies.

In capitation strategy, physicians and other care-providers receive a certain amount of money from the government or the insurance company for a specified level of health care provided to each registered member or customer. They provide a pre-defined package of services –including primary care and treatment services- for a specific period of time.

Service packages that include inpatient care are certainly more diverse and entail a greater uncertainty in regard of financial costs. In capitation system, physicians are usually responsible for all package-provision costs including diagnostic tests, consultation with specialists and some minor surgeries. The important issue here is to analyze the service package and calculate its related expenses as accurately as possible. A proper calculation by insurance companies results in incentives for physicians to provide quality health care, and equity for patients to access health services.

Recognizing a GP's responsibilities toward medical diseases helps a lot in determining capitation costs. For example, if some infectious diseases are considerably more prevalent in the region the GP is working in, and he has to perform most diagnostic and therapeutic interventions by himself -according to the agenda proposed in this project-, then the capital fee would be higher than that provided a GP who only has to screen and refer the patients to a higher level.

●●● Applications for the national medical education system ●●●

1. Development of medical textbook

When the GPs' tasks regarding each disease and consequently their clinical educational needs are determined, it is necessary to assemble this set of information as a book for each medical field. This book, which is developed in response to the specific goals and needs of our audience -medical students-, is called textbook. Medical textbook, therefore, provide the same contents that have been pointed out in the *theoretical clinical needs assessment* section of the project; this is in contrast with the conventional medical reference books that cover all aspects of the diseases regardless of their audience and usually have no specific prioritization for their content. Currently used reference books -such as Harrison's Textbook of Internal Medicine- that are referred to by medical students, residents and specialists, often discuss about the medical problems and needs of the Western world in full detail while providing little, if any, information about diseases that are the main causes of mortality and morbidity in developing countries such as Iran. Accidents and parasitic diseases are examples of such problems that exhibit a great difference between developed and developing countries in view of prevalence and severity.

It is, therefore, obvious that the medical education system in each country requires specific textbook that are based on a true needs assessment. Medical students trained in such system can thus be able to fully understand the health problems of their nation and provide proper and effective solutions after graduation.

It is noteworthy that each medical specialty can have one or more textbook for training students. Diseases and their clinical manifestations are the core contents of a textbook. Each chapter of this book will be speaking of a specific disease or clinical manifestation.

An example of a textbook for a specific disease is provided at the end of each book in "GPs in Iran" series. However, the framework provided in these books for a medical textbook is based on the opinions of and studies performed by the experts in this project; it can be changed according to specific situations and/or audiences.

Themes of a Medical Textbook

• Preface	• Etiology
• Introduction	• Pathology
• User's guide	• Clinical Manifestations
• Diseases	• Diagnostic approach
• Disease topic	• Paraclinic
• Educational objectives	• Prognosis and Complication
• Definition	• Prevention
• Epidemiology	

Here is an example of a textbook:

At the beginning of each theme in the textbook, the topic of disease is stated, as shown above. The educational objectives are then provided in a side-box in order to remind the medical student of his future tasks after graduation. These objectives are derived from the results of GPs' task analysis and are stated as learning statements (this part is not included in the textbook example). Ten topics are then discussed in terms of specific diseases that were previously determined in GP Project needs assessment. As was clearly described in the previous sections, the first part is consisted of four divisions (A to D, as shown in Table 8), establishing the "priority of knowledge transfer". In order to distinguish these divisions from each other, the items with an A coding are placed in a box with a gray background. B-coded items have no specific marker, whereas for C-coded items, which are of less importance and learning of which is subject to the student's personal preference and enthusiasm, only the reference book and its related pages are stated. The medical students are obviously not required to study D-coded items and therefore there is no need to include them in the textbook.

The second part refers to the study level stated in a rating of 1 to 4 (Table 9). The names of reference books for each level are provided in a specific table.

In order to determine what should be included in the textbook content, the related coding is first considered and then we refer to the study level table. After selecting the proper reference book, the textbook content is chosen from the related chapter according to the principles stated before.

For example, *Vaginitis* has received an A2 coding in *Diagnostic Approach* section; therefore, we must refer to the Obstetrics and Gynecology table. Two books are included in the second level:

- Jonathan S. Berek, et al. Novak's Gynecology. 13th edition 2002, Lippincott, Williams & Wilkins.
- Kenneth J. Ryan, et al. Kinster's Gynecology & Women's Health, 7th edition 1999, Mosby.

The diagnosis section of *Vaginitis* is selected from one of these references and included in the textbook. Should there be more than one book in the same level for a topic, the authors can either combine the contents of both books or decide to use only one of them for the textbook. The next step is to determine the outline of the paragraph and put it in a box with a gray background. Other *Vaginitis*-related topics are too developed based on the final report of GP project and related books; thus, the Obstetrics and Gynecology textbook will finally be prepared.

2. Course design for theoretical clinical education

Earlier negligence to educational objectives and needs has led to a considerable gap between post-graduation educational programs and the realities of the society. The educational programming has shown its importance in the past two decades more than ever.

Different aspects of educational programming are out of the scope of this chapter; therefore, a brief discussion is provided here as to how to use the results of “GPs in Iran Project” in designing educational courses.

Selection and provision of educational content to the learners has become extremely challenging due to the vast expansion of knowledge and skills in all sciences -particularly in medical sciences. It is therefore crucial to provide a clear definition of educational goals in accordance with the learners’ abilities and conditions as well as their future job requirements.

Each curriculum is meant to bring favorable changes to the learner’s behavior. These changes are the educational goals. These goals could be categorized in three levels:

1. Aims
2. Purposes
3. Objectives

Aims are long-term and extensive higher level goals, for which policymakers and socialists must decide. *Purposes* have a lower level and are used by educational systems and educational programmers. The learners’ behavioral changes made by the educational course are expressed here.

Objectives are applied by both the educational systems and the teachers; they are used to determine the content of educational courses. These *objectives* are a detailed expression of *purposes* in the fields of knowledge, attitude and skill. Objectivity and measurability are the main features of the objectives.

Educational processes can be divided into three categories:

1. Program
2. Course
3. Lesson

A set of *lessons* comprise a *course* and several courses are connected to each other to form a *program*. *Aims* speak of a *program*, the graduates of which will take a specific role in the society. All *courses* and *lessons* must evidently be in accordance with the *aims* of that *program*.

For example, the 7-year training of a general practitioner in medical universities is a *program*. This program is consisted of various *courses*, one of which is *digestive tract and liver diseases*. Each disease is a *lesson* of this course.

There are several courses and lessons in the training program of GPs for which a correct and comprehensive design could be a guarantee for achieving its aims. Programming for a course and its lessons has different portions that are collectively developed as a *course description* and *lesson plan*.

Different forms have been used for designing the structure of a course or lesson; however, the main principles are much the same in all these approaches. The proposed structure for course description in this project is as follows:

Course Description

- 1. Course Title
- 2. Purposes
- 3. Objectives
- 4. Target Learners
 - Pre-requisites to enter the course
- 5. Course Organization
 - Number of units
 - Time and type of the course
 - Table of contents
 - Teaching method
 - Educational material
 - Managers
- 6. Course Grand Rules
- 7. Learner Evaluation

An example of course description is provided for better understanding as an appendix.

■ 1. Course Title

Course title is, in fact, the name of a medical course that is usually related to a set of diseases in a specific organ.

■ 2. Purposes

■ 3. Objective

These sets of goals have been defined above and there are some rules governing their development, some of which are as follows:

- The educational materials and contents should be selectable and the learning activities for achieving the goals must be feasible.
- Goals must be accessible, clear and transparent. In other words, the learner must clearly understand what he is expected to learn in this program.
- Educational aims and purposes must be connected in a way that reaching educational purposes could lead to achieving educational aims.

Educational goals, on the other hand, possess a hierarchy, the most famous of which was provided by Benjamin Bloom et al. in 1956. Bloom has divided educational goals into cognitive, affective, and psychomotor domains.

- Cognitive Domain: This domain addresses the goals that ensure mental activities by recall, recognition or reconstruction, and intellectual and mental skills.
- Affective Domain: This domain is consisted of goals that are based on motivations, emotions, values, attitudes and predilections; this field is generally less concentrated on in most educational programs.
- Psychomotor Domain: This domain talks about intentional and purposeful actions that require synchronized application of muscles, nerves, specific receivers and central nervous system.

It must be noted that each of these domains are divided into smaller sub-domains that are out of the scope of this book.

In order to use the results of this project in developing the educational goals for a course, we must be aware that these goals are, in fact, the summation of determined tasks for the management of diseases in a specific field. In other words, what is achieved in this project is a detailed description of GPs' tasks regarding each and every disease; this agenda, in fact, contains the educational goals for each course. Based on GPs' task analysis coding for *duodenal ulcer –in digestive tract and liver diseases* course-, the educational purposes and objectives of duodenal ulcer *lesson* is provided as an appendix. An overall view of the educational goals is thus reached for each course, based on which the purposes and objectives are then developed.

An important note is that the greater the extent of tasks assigned to GPs for diseases in a specific field, the higher the level of theoretical and practical educational needs. Including all three domains of *cognition*, *affection* and *psychomotor* in setting goals is more critical in these cases; whereas when the physician has limited responsibility regarding a condition management and a lower level of study is required, *cognitive* goals can be more focused upon in educational goal setting. For example, psychomotor domain is much less emphasized in the neurosurgery course than it is in the pediatric course. This is because general practitioners are held much less responsible regarding diagnosis, treatment and follow-up of neurosurgery patients than pediatric patients. According to the results of *GPs in Iran Project*, general practitioners' role is to make a primary diagnosis and then refer most neurosurgery patients to more specialized centers, which is in contrast to their extensive tasks regarding the diagnosis and management of pediatric diseases.

■ 4. Target Learners

The audience and learners of each course is defined in this section and pre-requisites for entering the course are stated, which can include but are not limited to age, passing a written exam or a successful interview.

■ 5. Course Structure

This section also includes various fields that are referred to in the appendix and it seems to be no need for further discussion. One of the main applications of this project is in the design of time and type of the course. As described in the scientific structure of the project, the minimum number of cases of each specific disease that the medical student must manage independently are determined in *practical educational needs* section. It is clear that if we add up the number of all the cases required for a specific field, we must have that number of patients so that the medical student could meet the minimum practical requirements for passing the course.

Considering the prevalence of the disease in the region and in presentations to medical centers, the required time for each practical course could be determined. For example, if the total number of minimum required independent management for *GI diseases* is 5 patients and there are 30 students enrolled in the course, there must be at least 150 (30*5) patients attending that specific center so that all students could pass the course successfully. If we calculate the average number of patients attending monthly to the department of digestive tract and liver diseases, we could specify the time exclusively required for the course. This was a rough example to show the extent to which the results of this project might be applied to specify the course time-table.

The teaching methods could also be relatively determined, considering which domain are the course goals best fitted in; cognitive, affective or psychomotor. For example, lectures or self-learning methods are more suitable when cognitive or affective domains are more prominent, whereas for those instances corresponding more to the psychomotor domain –in which the students need to learn more practical skills-, teaching in skill labs task-based teaching or other similar methods seems more appropriate.

■ 6. Course Grand Rules

Grand rules are set according to the requirements necessary for achieving the purposes and objectives of the course. They are set exclusively and separately for students, instructors, administrative and educational staff, etc. Three examples of these rules – that are currently applied in the medical courses- are provided in the appendix.

■ 7. Learner Evaluation

This is fully described later in the section regarding proper evaluation of medical students after educational courses.

After specifying the requirements of an educational course, a lesson plan must be formulated for each session of the course. Items that should be included in lesson plans vary according to different authors. In the present project, the following items are suggested:

- Lesson Title
- Objectives
- Pre-requisites
- Content
- Teaching methods
- Time table
- Educational material
- Learner's duties
- Evaluation method
- References

After the lesson title, the lesson objectives are determined in the lesson plan. As previously stated, the educational objectives here are directly resulted from task analysis section of the *GPs Project*. Duodenal ulcer diagnosis, for example, receives an A2 code which means that diagnosis of this disease is GP's task to the extent of simple, non-invasive paraclinical assessment. Therefore the educational objectives would state that the medical student is expected to have such minimum knowledge and skill in diagnosis.

In the *content* section, as also stated before, all project results are transformed into a medical textbook so that the medical students could easily study the subject or find it in the addressed reference book.

The instructor or the group of instructors can design a time-table for their work in the class, just as the example provided. The teaching method is obviously the most

important factor influencing the time-table. Educational material and learner's duties are addressed in the appendix, so there is no need for further discussion.

The references may either be the textbooks or for further study, other reference books of the same level can be introduced for that specific disease.

3. Course design for practical clinical education in medical centers

What is now being implemented as the clinical clerkship course is aimed at making the medical students clinically competent for managing patients' conditions. They learn how to take a history, do a physical exam and have a diagnostic approach to specific conditions in each ward.

There are two issues that should be considered in this regard. First, learning is limited to the period of time the student spends in each department. Second, for the diseases that have a seasonal occurrence, the student might encounter different diseases depending on the season s/he passes the course. For the one-month period of the infectious diseases course, for example, the student might see more cases of gastroenteritis if he is in the ward in the summer, whereas pulmonary infections are the majority of cases presented during winter months.

The GP Project results could be applied so that the minimum number of patients the medical student must observe or manage in his whole medical education period – not just the clerkship period- is determined. In other words, a medical student has to fulfill the minimum practical requirements in order to graduate. There are several methods to do this, one of which is applying case logs. In this method, after observing or cooperating in the management of disease with the senior physician and/or managing the condition independently, the medical student gets a certification from his mentor or preceptor. Obtaining all these certifications would be necessary for a student to graduate. In the infectious diseases course, for example, if it is concluded that a medical student needs to diagnose and treat at least one patient with pneumonia independently, the students that pass the infectious diseases course in the summer and don't have the opportunity to manage a patient with this condition, must fulfill this requirement when they attend other wards and obtain the certification from their senior physician.

Due to the significant effects of these minimum requirements on course implementation and even on the course duration (as explained before), considerable attention was paid in this project to have a realistic view in determining these minimum requirements and to match them with the potentials of medical universities in Iran.

4. Approval and accreditation of educational medical centers

Increasing attention is paid today to the competencies and skills of medical graduates because medical professions are of an important concern for the society. Speaking of either hard ware or soft ware, centers governing medical education have a key role in this regard. A government must therefore establish certain mechanisms to ensure the output quality of the educational centers and to use these mechanisms for evaluation, accreditation and promotion of these centers.

Accreditation can be divided into "institutional accreditation" and "program accreditation". In institutional accreditation, medical universities and educational

centers are evaluated as a whole consisting of research, administrative and educational programs; physical and fiscal organizations; human resources; etc.

Program accreditation addresses issues such as program processes, goal achievement, program products, budget, etc. Obviously, in order to accredit a medical educational institution or program, the minimum standards must first be determined. These standards are often derived from a consensus among professors, students, professional organizations, and government and society interests.

Approval or disapproval of educational centers is often performed in the United States according to the pre-determined standards, while in the European countries, accreditation is just used as a tool for directing and promoting the educational level of medical universities.

Having enough number of patient presenting to the teaching medical center, consistent with the number of the students, is one of the standards for medical universities. Ministry of Health and Medical Education has made provincial medical universities responsible for training general practitioners. The aim is certainly not to train a local physician that is able to meet only the needs of patients in that specific province; the universities have to train physicians capable of practicing in different parts of the country. In other words, although some conditions are more prevalent in some provinces, a medical graduate must have seen all diseases that are necessary for a standard future practice. Determination of these necessary minimums for GP training requires information that could be derived from the *GPs in Iran Project*.

The minimum number of patients a medical student must independently diagnose or manage are determined in the *practical educational needs* section. It is clear that the resulting total number –considering the number of medical students in the university- expresses the minimum number of patients the educational medical center must have in order to be able to train competent general practitioners.

In other words, if a medical university or an educational medical center does not have access to this minimum number of patients, it does not considered to have the right credentials to run a GP training program. This can result in either a decrease in the number of enrolling medical students or disapproval of that university or center to train general practitioners.

This is just part of the uses that could be made of the results of *GPs in Iran Project* in developing standards for accreditation of educational medical centers. The project results could certainly be applied in other aspects too.

5. Assistance in designing post-graduate clinical education courses for medical and paramedical specialties

In the previous chapter, we have discussed how the results of this project could help clarify the tasks of medical and paramedical specialties. Recognizing the tasks of the GPs (the intermediate layer in the medical human resource pyramid), the tasks of higher and lower levels will also be revealed; the same procedure could then be followed to specify the clinical educational needs for post-graduate education as for general practitioners. In other words, recognition of required features for designing post-graduate clinical education courses depends on clarification of specialists' tasks in the health system framework, which would be feasible using the results of this project.

Applying the needs-assessment sheets and disease database, we can first identify the disease titles for each specialty; then, considering the boundaries of tasks of educational needs of the general practitioners, we can complete the related sheets for the residents and specialists.

Moreover, the residents' ability to teach specific practical skills to medical students must also be considered in the design of post-graduate educational courses. Where it is necessary for the medical student to observe or cooperate with his senior physician in the management of at least one patient with a specific disease, the educational responsibilities of senior physicians –which include experienced general practitioners, residents and specialists- will become more evident. It means that the residents not only have to learn the practical skills in their own field, but must also be trained to transfer their experiences and skills to the medical students.

6. Proper evaluation of medical students at the end of the educational course

Although little attention is paid to the evaluation of the medical students, it is clear that the student evaluation system at the end of any educational program strongly affects how the students study and how much they learn. Years of exams mainly developed on the basis of teacher tastes in our medical education system has led to a “lecture-note” approach among the students. In these circumstances, the students naturally synchronize their clinical educational needs –both practically and theoretically- with the viewpoints of their instructors.

As previously stated, the results of *GPs in Iran Project* have a significant role in sound development of medical textbooks and proper design of theoretical and practical educational courses. Well-aimed final evaluation is another application for this project. Classifying the students' educational needs according to their priority and study level, we can design and implement final exams in a way that the topics with higher priority and study level have more effect in students' success. The students' attitude and study method during the course would thus be focused on their real future needs, and the educational goals will be realized.

There are different methods to design a final exam with these features. Two methods are proposed in this project:

1. Score Share Approach

In this approach, the number of questions in the final exam is based on the priority of the subject (A-D). In the medical textbooks, as explained before, different aspects of each disease –such as diagnostic approach, clinical manifestations, treatment, etc- receive a priority level of A, B, C, or D. We can presume that A-rated topics (“must know”s) can comprise 70% of total exam score, while 25% and 5% of questions could be allocated to B- and C-rated topics, respectively (“better to know”s and “nice to know”s).

If, for example, 20 questions are designed for neurology final exam and each question has one score, 14 questions will be from “must know”s (A), 5 from “better to know”s (B), and only one question will be selected from “nice to know”s (C).

With this approach, the students will be attracted to study higher priority topics because they bear a higher score. One limitation of this approach, however, is how to determine the pass level.

Consider the above example. Assuming the pass level for neurology course is 12/20, if a student gives correct answers to 4 of 5 “better to know” questions, 7 of 14 “must know” questions and the only “nice to know”, he can get a total score of 12 and pass the exam successfully. But although this student has passed the exam, he has acceptable information for only 50% of “must know”s in neurology (level A). This can overshadow the achievement of educational goals, i.e. pushing the student toward “must know” topics. Another approach can be applied in order to bypass this problem.

■ 2. *Mastery Approach*

In contrast with the previous approach, in which the study priority dictated the *score share*, the study priority determines the minimum *pass level* in the mastery approach. The gross score is not the sole indication of the student’s performance in the exam; the examiner can assume that, for example, the student must correctly answer at least 80% of “must know” questions to pass the exam. This threshold is at least 60% for “better to know”. Thus, the students know that even if they answer all “better-” and “nice to know” questions completely, they would not pass the exam unless they get an 80% score of “must know” questions. (Please refer to the *course description* in the appendix (learner evaluation section) for an example.) This approach acts as a great guide for the students to achieve the minimum required knowledge for each course.

As previously stated, several other methods, besides these two approaches, could be designed to guarantee the achievement of educational goals as much as possible.

Appendix

Course Description

Course Title
Purposes
Objectives
Target Learners

Course Organization

Number of units
Time and type of the course
Table of contents
Teaching method
Educational material
Instructors
Course Grand Rules
Learner Evaluation

Lesson Plan

Lesson Title
Objectives
Pre-requisites
Teaching method
Content
Time table
Educational material
Learner's duties
Evaluation method
References

Course Description

Course Title: Digestive Tract and Liver Diseases

Purposes:

The students will become familiar with the diseases of the digestive tract and its appendices including the liver, gallbladder, bile ducts, and pancreas. They will be able to prevent, diagnose, and treat digestive tract and liver diseases as deemed necessary

Objectives:

The students will achieve the following competencies at the end of the course:

- Diagnosis of digestive tract and liver diseases
- Treatment of digestive tract and liver diseases and their complications (as much as necessary)
- Prevention of digestive tract and liver diseases
- Practical skills for diagnosis and treatment of digestive tract and liver diseases

Target Learners:

All medical students enrolled in the general practitioner training program.

- Pre-requisite for course entry: Passing all units of basic sciences and the National Comprehensive Basic Sciences Exam.

Course Organization

Number of Units: 2

Time and Type of the Course:

This course has 17 two-hour weekly sessions, and will last 4.5 months.

Table of contents:

- Introduction
- Semiology of digestive tract and liver diseases
- Practical skills regarding digestive tract and liver diseases
- Diseases (Approximately 20 titles): Salmonella Gastroenteritis, Viral Hepatitis A, Viral Hepatitis B, Malignant neoplasm of stomach, Benign neoplasm of esophagus, Gilbert's Syndrome, Esophagitis, Gastric Ulcer, ...

Teaching method:

- 60% of the course content will be delivered in lectures.
- 25% will be taught using problem-base learning (PBD) and guided discovery learning (GDL).
- The remaining 15% will not be taught in the class; the students have to study themselves.

Educational material:

Part of this course will be held in medical school classrooms and the other part will be held at the clinical skills center. The educational equipment used in this course include overhead visualizer, video projector, computer and manikins. A textbook for digestive tract and liver diseases as well as a study guide will be provided to the students.

Instructors:

The instructors are medical school faculties who have a specialty degree in internal medicine or digestive tract and liver diseases.

Course Grand Rules:

- The student must be present in all sessions and nonattendance will be deemed as one absence for each session.
- The absence must not exceed 4 sessions; otherwise, the student's score will be regarded as zero.
- The instructor(s) have to send the student's performance report to the educational department of the medical school in at most 10 days from the end of the course.

Learner Evaluation:

- The students' progress will be evaluated based on their presence and activity in the class, performance in educational activities and their score in the mid-term and final exams. Instructor(s) are the reference for the students evaluation.
- Mid-term and final exams will contain written multiple choice questions. The student must get at least 80% of the score of "must know" contents of the textbook (A coding) and at least 50% of B-rated topics.
- In addition, performance assessment methods such as OSCE and observation will be used to evaluate the students' practical skills.

Lesson Plan

Lesson Title: Duodenal Ulcer

Objectives:

At the end of the lesson, the student must be able to:

- Treat the disease to the extent of primary interventions.
- Recognize the causes and risk factors of the disease.
- Train the patients about the specifications, treatment and prognosis of the disease.

Pre-requisites: None.

Teaching method: PBL, lectures.

Content: Based on the digestive tract and liver diseases textbook.

Time table:

- 15 minutes for the principles and pathology of the peptic ulcer;
- 15 minutes for providing a case with epigastric pain;
- 30 minutes discussion on the diagnostic approach and ultimate diagnosis of duodenal ulcer;
- 45 minutes lecture on clinical manifestation, paraclinical findings and therapeutic approach;
- 15 minutes for students' questions and final discussion.

Educational material:

- Video projector
- Computer
- Power Point Software
- A printed algorithm for explaining the diagnostic approach to epigastric pain
- Digestive tract and liver diseases TEXTBOOK.

Learner's duties:

- Active participation in discussion about diagnostic approach to the disease
- Reading about epidemiology, etiology, pathophysiology, complications and prognosis, and prevention of disease from the reference books. (Since these topics are not taught in the class, the student must study independently. These subjects will also be included in the final exam.)

References:

- Digestive tract and liver diseases textbook.
- Second level reference books (named in the related table in digestive tract and liver diseases textbook).

Table 1-Cardiology reference levels

Level	References
One	• Eugene Braunwald, et al. Heart disease. 6th edition 2001. WB Saunders. • Valentin Fuster, et al. Hurst's the heart. 10th edition 2000. Mc Graw Hill.
Two	• Eugene Braunwald, et al. Harrison's principles of internal medicine. 15th edition 2001. Mc Graw Hill. • Lee Goldman, et al. Cecil textbook of medicine. 21st edition 2000. WB Saunders.
Three	• Thomas E Andreoli, et al. Cecil essentials of medicine. 5th edition 2001. WB Saunders. • Lawrence M. Tierney, et al. Current Medical diagnosis & treatment. 42nd edition 2002. Mc Graw Hill.
Four	• Eugene Braunwald, et al. Harrison's manual of medicine 15th edition 2001. Mc Graw Hill. • Lee Goldman, et al. Pocket companion to cecil textbook of medicine. 21st edition 2000. WB Saunders.

Table 2-Dermatology reference levels

Level	References
One	• RH Champion, et al. Rock/Wilkinson/Ebling Textbook of dermatology. 6th edition 1998. Blackwell Science. • Irwin M Fleedberg, et al. Fitzpatrick's dermatology in general medicine. 5th edition 1999. Mc Graw Hill.
Two	• Richard B. Odom, et al. Andrew's diseases of the skin. Clinical dermatology. 9th edition 2000. WB Saunders.
Three	• Thomas P. Habif, et al. Skin disease diagnosis & treatment. 2001 Mosby Inc. • Thomas B Fitzpatrick, et al. color atlas & synopsis of clinical dermatology. 4th edition 2000. Mc Graw Hill.
Four	• Kenneth A. Arnolt, et al. Manual of dermatologic therapeutics: with essentials of diagnosis. 6th edition 2002. Lippincott, Williams & Wilkins.

Table 3-Endocrinology reference levels

Level	References
One	• Robert H Williams, et al. Williams textbook of endocrinology. 10th edition 2002. WB Saunders. • Kenneth L Becker, et al. Principles & practice of endocrinology & metabolism. 2nd edition 1998. Lippincott, Williams & Wilkins.
Two	• Eugene Braunwald, et al. Harrison's principles of internal medicine. 15th edition 2001. • Lee Goldman, et al. Cecil textbook of medicine. 21st edition 2000. WB Saunders.
Three	• Thomas E. Andreoli, et al. Cecil essentials of medicine. 5th edition 2001. WB Saunders. • Lawrence M. Tierney, et al. Current Medical diagnosis & treatment. 42nd edition 2002. Mc Graw Hill.
Four	• Eugene Braunwald, et al. Harrison's manual of medicine 15th edition 2001. Mc Graw Hill. • Lee Goldman, et al. Pocket companion to cecil textbook of medicine. 21st edition 2000. WB Saunders.

Table 4-Ear, Nose & Throat reference levels

Level	References
One	• Michael M Paparella, et al. Otolaryngology: sciences & related principles. 3rd edition 1998. WB Saunders. • Charles W Cummings, et al. Otolaryngology:head & neck surgery. 3rd edition 1998. Mosby.
Two	
Three	• David D Deweese, et al. Otolaryngology, Head & neck surgery. 8th edition 1994. Mosby.
Four	• Brace W Jafek, et al. ENT secrets, 2nd edition 2001. Lippincott, Williams & Wilkins. • Christopher Prescott. Handbook of ENT: diseases & disorders of the ear, nose & throat. 1998. Oxford university press.

Table 5-Gynaecology & obstetrics reference levels

Level	References
One	• F Gary Cunningham, et al. Williams obstetrics. 21st edition 2001. Mc Graw Hill. • Richard W Te Linde, et al. Telinder's operative gynecology. 9th edition 2003. Lippincott, Williams & Wilkins. • Lean Speroff, et al. Clinical gynecologic endocrinology & infertility. 6th edition 1999. Lippincott, Williams & Wilkins. • Philip J Disa, et al. Clinical gynecological oncology. 6th edition 2002. Mosby. • Jonathan S Berek, et al. Practical gynecological oncology. 3rd edition 2000. Lippincott, Williams & Wilkins.
Two	• Jonathan S Berek, et al. Novak's gynecology. 13th edition 2002. Lippincott, Williams & Wilkins. • Kenneth J Ryan, et al. Kinster's gynecology & women's health. 7th edition 1999. Mosby.
Three	• David N Danforth, et al. Danforth's obstetrics & gynecology. 9th edition 2003. Lippincott, Williams & Wilkins. • Alan H Decherney, et al. Current obstetric & gynecologic diagnosis & treatment. 9th edition 2003. Mc Graw Hill. • J George Moore, et al. Essentials of obstetrics & gynecology. 3rd edition 1998. WB Saunders.
Four	• James R Scott, et al. Danforth's handbook of obstetrics & gynecology. 1995. Lippincott, Williams & Wilkins.

Table 6-Gastroenterology reference levels

Level	References
One	• Mark Feldman, et al. Sleiseger & Fordtran's gastrointestinal & liver diseases: pathophysiology/diagnosis/ management. 7th edition 2002. WB saunders. • David Zakim, et al. Hepatology: A textbook of liver diseases. 4th edition 2003. WB Saunders. • Williams Haubrich, et al. Bockus gastroentrology. 5th edition 1995. WB Saunders.
Two	• Eugene Brawnwald, et al. Harrison's Principles of internal medicine. 15th edition 2001. Mc Graw Hill. • Lee Goldman, et al. Cecil textbook of medicine. 21st edition 2000. WB saunders. • Sheila Sherlock, et al. Disease of liver & biliary system. 11th edition 2002. Blackwell Science. • Scott L Friedman, et al. Current diagnosis & treatment in gastroentrolagy. 2nd edition 2003. Mc Graw Hill.
Three	• Thomas E. Andreoli, et al. Cecil essentials of medicine. 5th edition 2001. WB Saunders. • Lawrence M. Tierney, et al. Current medical diagnosis & treatment. 42nd edition 2002. Mc Graw Hill.
Four	• Eugene Braunwald, et al. Harrison's Manual of medicine. 15th edition 2001. Mc Graw Hill. • Lee Goldman, et al. Pocket companion to cecil textbook of medicine. 21st edition 2000. WB Saunders.

Table 7-Hematology & oncology reference levels

Level	References
One	• Ernest Beutler, et al. Williams hematology. 6th edition 2000. Mc Graw Hill. • John P Greer, et al. Wintrobe's clinical hematology. 11th edition 2003. Lippincott, Williams & Wilkins.
Two	• Eugene Braunwald, et al. Harrison's principles of internal medicine. 15th edition 2001. Mc Graw Hill. • Lee Gold man, et al. Cecil textbook of medicine. 21st edition 2000. WB Saunders.
Three	• Thomas E Andreoli, et al. Cecil essentials of medicine. 5th edition 2001. WB Sunders. • Lowrence M. Tierney, et al. Current medical diagnosis & treatment. 42nd edition 2002. Mc Graw Hill.
Four	• Eugene Braunwalel, et al. Harrison's manual of medicine 15th edition 2001. Mc Graw Hill. • Lee Goldman, et al. Poket companion to cecil textbook of medicine. 21st edition 2000. WB Saunders.

Table 8-Infectious disease reference levels

Level	References
One	• Gerald L Mandell, et al. Principles & Practice of infectious diseases. 5th edition 2000. Churchill Livingstone.
Two	• Eugene Braunwald, et al. Harrison's principles of internal medicine. 15th edition 2001. Mc Graw Hill. • Lee Goldman, et al. Cecil textbook of medicine. 21st edition 2000. WB Saunders.
Three	• Thomas E Andreoli, et al. Cecil essentials of medicine. 5th edition 2001. WB Saunders. • Lawrence M Tierney, et al. Current medical diagnosis & treatment. 42nd edition 2002. Mc Graw Hill.
Four	• Eugene Braunwald, et al. Harrison's manual of medicine. 15th edition 2001. Mc Graw Hill. • Lee Goldman, et al. Pocket companion to Cecil textbook of medicine. 21st edition 2000. WB Saunders.

Table 9-Legal medicine reference levels

Level	References
One	• Bernard Knight. Simpson's forensic medicine. 11th edition 1997. Edward Arnold. • Lester m Haddad, et al. Clinical management of poisoning & drug overdose. 3rd edition 1998. WB Saunders.
Two	• Bernard knight, Forensic Pathology Second Edition 1997 • Marsh D Ford, et al. Clinical toxicology 2000. WB Saunders.
Three	• The 5 minute Toxicology Consult Richard C. Dart 2000
Four	edition rd Leikin & Paloucek's Poisoning & Toxicology Hand book 3 • 2002, Lexi – comp

Table 10-Nephrology reference levels

Level	References
One	• Barry M Brenner, et al. Brenner & Robert's the Kidney. 6th edition 2000. WB Saunders.
Two	• Eugene Braunwald, et al. Harrison's Principles of internal medicine. 15th edition 2001. Mc Graw Hill. • Lee Gold man, et al. Cecil textbook of medicine. 21st edition 2000. WB Saunders.
Three	• Thomas E Andreoli, et al. Cecil essentials of medicine. 25th edition 2001. WB Saunders. • Lawrence M. Tierney, et al. Current Medical diagnosis & treatment. 42nd edition 2002. Mc Graw Hill.
Four	• Eugene Braunwald, et al. Harrison's manual of medicine. 15th edition 2001. Mc Graw Hill. • Lee Goldman, et al. Pocket companion to Cecil textbook of medicine. 21st edition 2000. WB Saunders.

Table 11-Neurology reference levels

Level	References
One	• Raymond D Adams, et al. Adams & Victor's principles of neurology. 7th edition 2000. Mc Graw Hill. • Lewis P Rowland, et al. Merritt's neurology. 10th edition 2000. Lippincott, Williams & Wilkins.
Two	• David Greenberg, et al (MJ Aminoff). Clinical neurology. 5th edition 2002. Mc Graw Hill.
Three	• Eugene Braunwald, et al. Harrison's principles of internal medicine. 15th edition 2001. Mc Graw Hill. • Lee Goldman, et al. Cecil textbook of medicine. 21st edition 2000. WB Saunders.
Four	• Maurice Victor, et al. Adams & Victor's Manual of neurology. 7th edition 2001. Mc Graw Hill.

Table 12- Neurosurgery reference levels

Level	References
One	• Richard H Winn. Youmans neurological surgery. 5th edition 2003. WB Saunders.
Two	• Seymour I Schwartz, et al. Principles of surgery. 17th edition 1999. Mc Graw Hill. • Courtney M Townsend, et al. Sabiston textbook of surgery: The biological basis of modern surgical practice. 16th edition 2001. WB Saunders.
Three	• Lawrence W Way, et al. Current surgical diagnosis & treatment. 11th edition 2003. Mc Graw Hill.
Four	• Seymour I Schwartz, et al. Principles of surgery, companion handbook. 7th edition 1998. Mc Graw Hill. • Courtney M Townsend, et al. Pocket companion to Sabiston textbook of surgery. 2nd edition 2002. WB Saunders.

Table 13-Ophthalmology reference levels

Level	References
One	• American Academy of ophthalmology. 2003-2004 Basic and clinical science course (BCSC) complete set (13 vol.)
Two	• William Tusman, et al. Duane's clinical ophthalmology. 2001. Lippincott, Williams & Wilkins.
Three	• Daniel Vaughan, et al. General ophthalmology. 15th edition 1999. MC Graw Hill.
Four	• Dean Dornic. Ophthalmic pocket companion. 6th edition 2002. Butter Werth-Heineman Medical. • Kenneth C Chern, et al. Ophthalmology review manual. 1st edition 2000. Lippincott, Williams & Wilkins.

Table 14-Orthopedics reference levels

Level	References
One	• S Terry Canale. Campbell's operative orthopaedics. 10th edition 2003. Mosby. • Robert W Bucholz, et al. Rockwood & Green's fractures in adults. 5th edition 2001. Lippincott, Williams & Wilkins. • James H Beaty, et al. Rockwood & Wilkin's fractures in children. 5th edition 2001. Lippincott, Williams & Wilkins.
Two	• Mark D Miller, et al. Review of orthopaedics. 3rd edition 2000. WB Saunders.
Three	• John C Adams, et al. Outline of orthopedics. 13th edition 2001. Churchill livingstone. • John C Adams, et al. Outline of fractures: including joint injuries. 11th edition 1999. Churchill living stone. • Harry B Skinner. Current diagnosis & treatment in orthopedics. 3rd edition 2003. Mc Graw Hill.
Four	• Damian M Rispoli, et al. Tarascon pocket orthopaedica. 1st edition 2002. Tarascen Press.

Table 15-Pediatrics reference levels

Level	References
One	- Philip A Pizzo, et al. Principles & practice of pediatric oncology. 4th edition 2001. Lippincott, Williams & Wilkins. - David G Nathan, et al. Nathan & OSKi's hematology of infancy & childhood. 6th edition 2003. WB Saunders. - W Allan Walker, et al. Pediatric gastrointestinal diseases: pathophysiology, diagnosis, management. 2nd edition 1996. Mosby. - R Wyllie, et al. Pediatric gastrointestinal disease: pathophysiology, diagnosis, management. 2nd edition 1999. WB Saunders. - Frederick J Suchy, et al. Liver disease in children. 2nd edition 2001. Lippincott, Williams & Wilkins. - Anne Gershon, et al. Krugman's infectious diseases of children. 11th edition 2003. Mosby. - E Richard Stiehm. Immunological disorders in infants & children. 5th edition 2003. WB Saunders. - John H Menkes, et al. Child neurology. 6th edition 2000. Lippincott, Williams & Wilkins. - Charles R Scriver, et al. The metabolic & molecular bases of inherited disease. 8th edition 2000. McGraw Hill. - Michael S Kappy, et al. Wilkins the diagnosis & treatment of endocrine disorders in childhood & adolescence. 4th edition 1994. Charles C Thomas Pub. - T Martin Barratt, et al. Pediatric nephrology. 4th edition 1999. Lippincott, Williams & Wilkins. - Avory A Fanaroff, et al. Neonatal-perinatal medicine: diseases of the fetus & infant. 7th edition 2001. Mosby. - Arthur Garson, et al. The science & practice of pediatric cardiology. 2nd edition 1998. Lippincott, Williams & Wilkins. - Hugh D Allen, et al. Moss & Adam's heart diseases in infants, children & adolescents: including the fetus & young adult. 6th edition 2001. Lippincott, Williams & Wilkins.
Two	- Richard E Behrman, et al. Nelson textbook of pediatrics. 16th edition 2000. WB Saunders. - Julia A Mc Millan, et al. OSKi's pediatrics: principles & practice. 3rd edition 1999. Lippincott, Williams & Wilkins.
Three	- Richard E Behrman, et al. Nelson essentials of pediatrics. 4th edition 2000. WB Saunders. - Kevin B Johnson, et al. Oski's essential pediatrics. 1st edition 1997. Lippincott, Williams & Wilkins. - William W Hay, et al. Current pediatric diagnosis & treatment. 15th edition 2001. McGraw Hill.
Four	Richard E Behrman, et al. Nelson textbook of pediatrics pocket companion. 16th edition 2000. WB Saunders.

Table 16-Psychiatry reference levels

Level	References
One	• Benjamin J Sadock, et al. Kaplan & Sadock's comprehensive textbook of psychiatry. 7th edition 2000. Lippincott, Williams &Wilkins.
Two	• Benjamin J Sadock, et al. Kaplan & Sadock's synopsis of psychiatry. 9th edition 2000. Lippincott, Williams &Wilkins.
Three	• Richard Mayou, et al. Shorter Oxford textbook of psychiatry. 4th edition 2001. Oxford university press.
Four	• Benjamin J Sadock, et al. Kaplan & Sadock's pocket handbook of clinical psychiatry. 3rd edition 2001. Lippincott, Williams &Wilkins.

Table 17- Pulmonary disease reference levels

Level	References
One	• Alfred P Fishman, et al. Fishman's pulmonary diseases & disorders. 3rd edition 1997. Mc Graw Hill. • Gerald L Baum, et al. Baum's textbook of pulmonary diseases. 7th edition 2003. Lippincott, Williams & wilkins.
Two	• Eugene Braunwald, et al. Harrison's principles of internal medicine. 15th edition 2001. Mc Graw Hill. • Lee Goldman, et al. Cecil textbook of medicine. 21st edition 2000. WB Saunders. • Alfred P Fishman, et al. Fishman's manual of pulmonary diseases & disorders. 3rd edition 2002. Mc Graw Hill.
Three	• Thomas E. Andreoli, et al. Cecil essentials of medicine. 5th edition 2001. WB Saunders. • Lawrence M Tierney, et al. Current medical diagnosis & treatment. 42nd edition 2002. Mc Graw Hill.
Four	• Eugene Braunwald, et al. Harrison's manual of medicine. 15th edition 2001. Mc Graw Hill. • Lee Gold man, et al. Pocket companion to Cecil textbook of medicine. 21st edition 2000. WB Saunders.

Table 18- Rheumatology reference levels

Level	References
One	• William N Kelley, et al. Kelley, Harris, Raddy: Textbook of Rheumatology. 6th edition 2001. WB Saunders. • John H Kippel, et al. Primer on rheumatic diseases. 12th edition 2001. National Book Network. • William J Koopman, et al. Arthritis & allied conditions :a textbook of rheumatology. 14th edition 2001. Lippincott, Williams & Wilkins.
Two	• Eugene Braunwald, et al. Harrison's principles of internal medicine. 15th edition 2001. Mc Graw Hill. • Lee Goldman, et al. Cecil textbook of medicine. 21st edition 2000. WB Saunders.
Three	• Thomas E. Andreoli, et al. Cecil essentials of medicine. 5th edition 2001. WB Saunders. • Lawrence M Tierney, et al. Current medical diagnosis & treatment. 42nd edition 2002. Mc Graw Hill.
Four	• Eugene Braunwald, et al. Harrison's manual of medicine 15th edition 2001. Mc Graw Hill. • Lee Goldman, et al. Pocket companion to cecil textbook of medicine. 21st edition 2000. WB Saunders.

Table 19-Surgery reference levels

Level	References
One	• Robert B Rutherford, et al. Vascular surgery. 5th edition 2000. WB Saunders. • Michael J Zinner, et al. Maingot's abdominal operations. 10th edition 1996. Mc Graw Hill. • F Griffith Pearson, et al. Thorasic surgery. 2nd edition 2002. Churchill Livingstone. • Nicholas Kouchoukos, et al. cardiac surgery. 3rd edition 2003. WB Saunders. • Joseph G McCarth, et al. Plastic surgery. 3rd edition 1990. WB Saunders. • Sherrell J Aston, et al. Grabb & Smith's Plastic surgery.5th edition 1997.Lippincott, Williams & Wilkins. • Keith W Ashcraft, et al. Pediatric surgery. 2nd edition 1997. WB Saunders. • James A O'Neil, et al. Pediatric surgery. 5th edition 1998. Mosby. • A Barry Belman, et al. Clinical pediatric urology. 4th edition 2001. Isis Medical Media. • H H Naumann, et al. Head & neck surgery. 2nd edition 1995. Thieme Medical Pub.
Two	• Seymour I Schwartz, et al. Principles of surgery. 17th edition 1999. MC Graw Hill. • Courtney M Townsend, et al. Sabiston textbook of surgery: The biological basis of modern surgical practice. 16th edition 2001. WB Saunders. • Dauglas W Wilmore, et al. ACS surgery: Principles & practice. 2nd edition 2003. Web MD professional publishing.
Three	• Lawrence W way, et al. Current surgical diagnosis & treatment. 11th edition 2003. Mc Graw Hill. • Bruce E Jarrell, et al. NMS surgery. 4th edition 2000. Lippincott, Williams & Wilkins. • H. George Burkitt, et al. Essential surgery: problems, diagnosis & management. 3rd edition 2002. Churchill livingstone.
Four	• Seymour I Schwartz, et al. Principles of surgery, companion handbook. 7th edition 1998. Mc Graw Hill. • Courtney M Townsend, et al. Pocket companion to sabiston textbook of surgery. 2nd edition 2002. WB Saunders.

Table 20-Urology reference levels

Level	References
One	• Patrick C Walsh, et al. Campbell's urology. 8th edition 2002. WB Saunders. • Jay Y Gillenwater, et al. Adult & pediatric urology. 4th edition 2002. Lippincott, Williams & Wilkins.
Two	
Three	• Emil A Tanagho, et al. Smith's general urology. 15th edition 2000. Mc Graw Hill.
Four	• 1-Philip M Hanne, et al. Clinical manual of urology. 3rd edition 2001. Mc Graw Hill. • SE Barton, et al. Handbook of genitourinary medicine. 1st edition 1999. Edward Arnold. • Philip M Hanno, et al. Clinical manual of urology. 3rd edition 2001. Mc Graw Hill.

CARDIOLOGY

	General Practitioner Tasks							Theoretical Clinical Educational Needs										Practical Educational Needs		
CARDIOLOGY	Diagnosis	Treatment	Referral	Follow up	Prevention	Screening	Patient Education	Definition	Epidemiology	Etiology	Pathophysiology	Clinical manifes.	Paraclinic	Diagnostic app.	Therapeutic app.	Complication	Prevention	Observation	Collaboration	Independent
DISEASES																				
Malignant essential hypertension	2	1	3	2	1	0	1	B2	C2	C2	C2	B2	B2	B2	B2	B2	B2	1	1	1
Hypertensive heart disease	2	0	0	2	1	1	1	A2	C3	C3	C3	A2	A2	B3	C3	B3	B3	0	0	0
Secondary hypertension	2	0	0	2	0	1	0	A2	C2	A2	C2	A2	A2	A2	C2	C2	C3	0	0	0
Acute myocardial infarction	2	1	2	2	3	0	3	A2	B3	B3	B3	A2	A2	A2	A2	B2	A2	3	2	2
Postmyocardial infarction syndrome	0	0	0	0	0	0	0	C3	C3	C3	C3	C3	C3	C3	C3	C3	C3	0	0	0
Coronary occlusion without myocardial infarction	2	0	0	2	3	0	1	B3	B3	B3	C3	B3	B3	B3	C3	B3	B3	2	3	1
Old myocardial infarction	2	0	1	1	1	0	1	A3	B3	B3	C3	A2	A2	A2	C2	B2	B3	2	2	2
Stable angina pectoris	2	1	2	0	3	0	1	A2	B2	B2	B2	A2	A2	A2	B2	B2	B2	2	2	3
Prinzmetal angina	2	1	2	0	0	0	1	A3	C3	B2	B2	B2	B3	B3	B2	C2	C2	0	0	0
Unstable angina	2	1	2	0	3	0	1	A2	B2	B2	B2	A2	A2	A2	B2	B2	B2	2	1	0
Coronary atherosclerosis	2	1	3	2	3	0	2	A2	B2	B2	B2	A2	A2	A2	A2	B2	A2	1	1	1
Aneurysm of heart	0	0	0	0	0	0	0	C3	D4	C3	D4	C3	C3	C2	D4	D4	D4	0	0	0

	General Practitioner Tasks							Theoretical Clinical Educational Needs									Practical Educational Needs			
CARDIOLOGY	Diagnosis	Treatment	Referral	Follow up	Prevention	Screening	Patient Education	Definition	Epidemiology	Etiology	Pathophysiology	Clinical manifes.	Paraclinic	Diagnostic app.	Therapeutic app.	Complication	Prevention	Observation	Collaboration	Independent
DISEASES																				
Aneurysm of coronary vessels	0	0	0	0	0	0	0	C3	D4	D4	D4	C3	C4	D4	D4	D4	D4	0	0	0
Acute pulmonary heart disease (cor pulmonale)	2	1	2	2	0	0	2	A2	B2	B2	B2	A2	B3	B2	A2	A3	A3	1	2	1
Chronic pulmonary heart disease(cor pulmonale)	2	1	3	2	1	0	1	A2	B2	B2	B3	A3	B2	A3	B3	B3	C2	1	1	1
Primary pulmonary hypertension	2	0	0	0	0	0	0	B2	C3	C3	C3	B3	B3	B3	D4	D4	D4	0	0	0
Secondary pulmonary hypertension	2	0	0	0	0	0	0	B2	C3	C3	C3	B2	B2	B2	C3	C3	C3	1	1	0
Acute pericarditis	2	1	2	2	0	0	1	A2	C3	A2	C3	A2	A2	A2	B2	B2	C3	0	0	0
Acute and subacute bacterial endocarditis	2	0	0	1	1	0	1	B2	C3	C3	C3	B2	B2	B2	C3	C2	B2	0	0	0
Acute myocarditis	2	0	0	0	0	0	0	B3	D4	C3	D4	B3	B3	B3	D4	C3	D4	0	0	0
Constrictive pericarditis	1	0	0	0	0	0	0	B3	C3	C3	C3	B3	B3	B3	C4	C3	C3	0	0	0
Cardiomyopathy	2	0	0	0	0	0	0	B2	C3	C3	C2	B2	B3	B3	C3	C3	C3	1	1	0
Atrioventricular blocks, incomplete	2	0	1	0	0	0	0	B3	C3	C3	C3	B3	B3	B3	C3	B3	C3	0	0	0
Fasicular blocks	2	0	1	0	0	0	0	B3	C3	C3	C3	B3	B3	B3	C3	B3	C3	0	0	0

	General Practitioner Tasks							Theoretical Clinical Educational Needs										Practical Educational Needs		
CARDIOLOGY	Diagnosis	Treatment	Referral	Follow up	Prevention	Screening	Patient Education	Definition	Epidemiology	Etiology	Pathophysiology	Clinical manifes.	Paraclinic	Diagnostic app.	Therapeutic app.	Complication	Prevention	Observation	Collaboration	Independent
DISEASES																				
Atrioventricular block, complete	2	0	1	0	0	0	0	B3	C3	C3	C3	B3	B3	B3	C3	B3	C3	0	0	0
Paroxysmal supraventricular tachycardia	2	0	1	0	0	0	0	B3	C3	C3	C3	B3	B3	B3	C3	B3	C3	0	0	0
Ventricular tachycardia	2	1	2	0	0	0	0	B3	C3	C3	C3	B3	B3	B3	B3	B3	C3	0	0	0
Atrial fibrillation	2	1	2	1	0	0	1	B3	C3	C3	C3	B3	B3	B3	B3	B3	C3	1	1	1
Atrial flutter	2	1	2	1	0	0	1	B3	C3	C3	C3	B3	B3	B3	B3	B3	C3	1	1	1
Ventricular fibrillation	2	1	2	0	0	0	0	B3	C3	C3	C3	B3	B3	B3	B3	B3	C3	0	0	0
Supraventricular premature beats	2	0	1	0	0	0	0	B3	C3	C3	C3	B3	B3	B3	C3	B3	C3	0	0	0
Ventricular premature beats	2	0	1	0	0	0	0	B3	C3	C3	C3	B3	B3	B3	C3	B3	C3	0	0	0
Sick sinus syndrome	2	0	1	0	0	0	0	B3	C3	C3	C3	B3	B3	B3	C3	B3	C3	0	0	0
Heart failure	2	1	2	2	1	0	1	A2	B2	A2	B2	A2	B2	B2	A2	B2	B2	3	3	2
Mural thrombus , following myocardial infarction	0	0	0	0	0	0	0	C3	D4	D4	D4	C3	C3	C3	D4	C4	C4	0	0	0
Superior vena cava syndrome	1	0	0	0	0	0	0	B2	C3	B3	C3	B3	B3	B3	C3	B3	C4	0	0	0

		General Practitioner Tasks						Theoretical Clinical Educational Needs										Practical Educational Needs			
CARDIOLOGY	DISEASES	Diagnosis	Treatment	Referral	Follow up	Prevention	Screening	Patient Education	Definition	Epidemiology	Etiology	Pathophysiology	Clinical manifes.	Paraclinic	Diagnostic app.	Therapeutic app.	Complication	Prevention	Observation	Collaboration	Independent
Shock		2	1	2	0	0	0	0	A2	B2	B2	B2	A2	B2	B2	A2	B2	B2	1	1	0
Cardiac arrest		2	1	2	0	0	0	0	A2	B3	A2	B2	A2	B2	A2	A2	B2	B2	1	1	0
Tetralogy of fallot		1	0	0	0	0	0	0	B3	C3	C3	C3	B3	B3	B3	C3	C3	D4	0	0	0
Ventricular septal defect		1	0	0	0	0	0	0	B3	C3	C3	C3	B3	B3	B3	C3	C3	D4	0	0	0
Eisenmenger's defect		1	0	0	0	0	0	0	B3	D4	C3	C3	B3	B3	B3	C3	C3	C3	0	0	0
Atrial septal defect		1	0	0	0	0	0	0	B3	C3	C3	C3	B3	B3	B3	C3	C3	C3	0	0	0
Congenital anomalies of pulmonary valve		0	0	0	0	0	0	0	C2	D4	D4	D4	C2	C3	D4	D4	D4	D4	0	0	0
Ebstein's anomaly		0	0	0	0	0	0	0	C2	D4	D4	D4	C3	C3	D4	D4	D4	D4	0	0	0
Congenital stenosis of aortic valve		2	0	0	0	0	0	0	B2	C3	C3	C3	B3	B3	B3	C3	C3	D4	0	0	0
Dextrocardia		2	0	0	0	0	0	0	B2	D4	D4	D4	B3	B3	B4	D4	D4	D4	0	0	0
Patent ductus arteriosus		1	0	0	0	0	0	0	B3	C3	C3	C3	B3	B3	B3	C2	C3	C3	0	0	0

Rheumatic fever

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level two</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Must know</i>
Prevention	<i>Level two</i>	<i>Must know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Malignant neoplasm of thymus, heart, and mediastinum

GP's Tasks in IRAN

Diagnosis	Diagnosis is not a GP's task.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level four</i>	<i>No need to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level three</i>	<i>Nice to know</i>
Paraclinic	<i>Level three</i>	<i>Nice to know</i>
Diagnostic approach	<i>Level three</i>	<i>Nice to know</i>
Therapeutic approach	<i>Level four</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level four</i>	<i>Nice to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Chronic rheumatic pericarditis

GP's Tasks in IRAN

Diagnosis	Diagnosis is not a GP's task.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Nice to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level four</i>	<i>No need to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level three</i>	<i>Nice to know</i>
Paraclinic	<i>Level four</i>	<i>No need to know</i>
Diagnostic approach	<i>Level four</i>	<i>No need to know</i>
Therapeutic approach	<i>Level four</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level four</i>	<i>No need to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Mitral stenosis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Must know</i>
Pathophysiology	<i>Level three</i>	<i>Better to know</i>
Clinical manifestation	<i>Level three</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Better to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	2
Minimum required disease management under supervision of senior physician	2
Minimum required independent disease management:	2

Mitral insufficiency

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Must know</i>
Pathophysiology	<i>Level three</i>	<i>Better to know</i>
Clinical manifestation	<i>Level three</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	1

Mitral stenosis with insufficiency

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Must know</i>
Pathophysiology	<i>Level three</i>	<i>Better to know</i>
Clinical manifestation	<i>Level three</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	0

Aortic stenosis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Must know</i>
Pathophysiology	<i>Level three</i>	<i>Better to know</i>
Clinical manifestation	<i>Level three</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	0

Aortic insufficiency

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Must know</i>
Pathophysiology	<i>Level three</i>	<i>Better to know</i>
Clinical manifestation	<i>Level three</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	0

Aortic stenosis with insufficiency

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Must know</i>
Pathophysiology	<i>Level three</i>	<i>Better to know</i>
Clinical manifestation	<i>Level three</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Tricuspid regurgitation

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Tricuspid stenosis

GP's Tasks in IRAN

Diagnosis	Diagnosis is not a GP's task.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Nice to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Nice to know</i>
Paraclinic	<i>Level three</i>	<i>Nice to know</i>
Diagnostic approach	<i>Level three</i>	<i>Nice to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Essential hypertension

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	The GP's task is to screen for high-risk groups in his/her undercover population.
Patient education	Patient education is necessary by educational pamphlets or booklets.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level two</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level two</i>	<i>Must know</i>
Prevention	<i>Level two</i>	<i>Must know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	3
Minimum required disease management under supervision of senior physician	3
Minimum required independent disease management:	5

Malignant essential hypertension

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level two</i>	<i>Nice to know</i>
Etiology	<i>Level two</i>	<i>Nice to know</i>
Pathophysiology	<i>Level two</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level two</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	1

Hypertensive heart disease

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening high risk people visited at office is a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Better to know</i>
Prevention	<i>Level three</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Secondary hypertension

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening high risk people visited at office is a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Nice to know</i>
Etiology	<i>Level two</i>	<i>Must know</i>
Pathophysiology	<i>Level two</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Acute myocardial infarction

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after stabilization.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is a GP's task by risk factor screening, avoidance and treatment.
Screening	Screening is not a GP's task.
Patient education	Patient education is necessary by educational pamphlets or booklets.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level two</i>	<i>Must know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	3
Minimum required disease management under supervision of senior physician	2
Minimum required independent disease management:	2

Postmyocardial infarction syndrome

GP's Tasks in IRAN

Diagnosis	Diagnosis is not a GP's task.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Nice to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Nice to know</i>
Paraclinic	<i>Level three</i>	<i>Nice to know</i>
Diagnostic approach	<i>Level three</i>	<i>Nice to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Coronary occlusion without myocardial infarction

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is a GP's task by risk factor screening, avoidance and treatment.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Better to know</i>
Prevention	<i>Level three</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	2
Minimum required disease management under supervision of senior physician	3
Minimum required independent disease management:	1

Old myocardial infarction

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on diagnosis.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level three</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	2
Minimum required disease management under supervision of senior physician	2
Minimum required independent disease management:	2

Stable angina pectoris

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after stabilization.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is a GP's task by risk factor screening, avoidance and treatment.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level two</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level two</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	2
Minimum required disease management under supervision of senior physician	2
Minimum required independent disease management:	3

Prinzmetal angina

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after stabilization.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level two</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Nice to know</i>
Prevention	<i>Level two</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Unstable angina

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after stabilization.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is a GP's task by risk factor screening, avoidance and treatment.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level two</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level two</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	2
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	0

Coronary atherosclerosis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is a GP's task by risk factor screening, avoidance and treatment.
Screening	Screening is not a GP's task.
Patient education	In addition to general information, patient needs to learn a skill practically.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level two</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level two</i>	<i>Must know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	1

Aneurysm of heart

GP's Tasks in IRAN

Diagnosis	Diagnosis is not a GP's task.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Nice to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level three</i>	<i>Nice to know</i>
Paraclinic	<i>Level three</i>	<i>Nice to know</i>
Diagnostic approach	<i>Level two</i>	<i>Nice to know</i>
Therapeutic approach	<i>Level four</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level four</i>	<i>No need to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Aneurysm of coronary vessels

GP's Tasks in IRAN

Diagnosis	Diagnosis is not a GP's task.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Nice to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level four</i>	<i>No need to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level three</i>	<i>Nice to know</i>
Paraclinic	<i>Level four</i>	<i>Nice to know</i>
Diagnostic approach	<i>Level four</i>	<i>No need to know</i>
Therapeutic approach	<i>Level four</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level four</i>	<i>No need to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Acute pulmonary heart disease (cor pulmonale)

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after stabilization.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	In addition to general information, patient needs to learn a skill practically.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level two</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level three</i>	<i>Must know</i>
Prevention	<i>Level three</i>	<i>Must know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	2
Minimum required independent disease management:	1

Chronic pulmonary heart disease(cor pulmonale)

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Better to know</i>
Clinical manifestation	<i>Level three</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Must know</i>
Therapeutic approach	<i>Level three</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Better to know</i>
Prevention	<i>Level two</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	1

Primary pulmonary hypertension

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level four</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level four</i>	<i>No need to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Secondary pulmonary hypertension

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	0

Acute pericarditis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after stabilization.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level two</i>	<i>Must know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Acute and subacute bacterial endocarditis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Nice to know</i>
Prevention	<i>Level two</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Acute myocarditis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level four</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Constrictive pericarditis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level four</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Cardiomyopathy

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level two</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	0

Atrioventricular blocks, incomplete

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on diagnosis.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Better to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Fasicular blocks

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on diagnosis.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Better to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Atrioventricular block, complete

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on diagnosis.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Better to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Paroxysmal supraventricular tachycardia

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on diagnosis.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Better to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Ventricular tachycardia

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after stabilization.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Better to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Atrial fibrillation

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after stabilization.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Better to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	1

Atrial flutter

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after stabilization.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Better to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	1

Ventricular fibrillation

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after stabilization.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Better to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Supraventricular premature beats

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on diagnosis.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Better to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Ventricular premature beats

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on diagnosis.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Better to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Sick sinus syndrome

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on diagnosis.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Better to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Heart failure

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after stabilization.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Must know</i>
Pathophysiology	<i>Level two</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level two</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	3
Minimum required disease management under supervision of senior physician	3
Minimum required independent disease management:	2

Mural thrombus , following myocardial infarction

GP's Tasks in IRAN

Diagnosis	Diagnosis is not a GP's task.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Nice to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level four</i>	<i>No need to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level three</i>	<i>Nice to know</i>
Paraclinic	<i>Level three</i>	<i>Nice to know</i>
Diagnostic approach	<i>Level three</i>	<i>Nice to know</i>
Therapeutic approach	<i>Level four</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level four</i>	<i>Nice to know</i>
Prevention	<i>Level four</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Superior vena cava syndrome

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Better to know</i>
Prevention	<i>Level four</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Shock

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after stabilization.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level two</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level two</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	0

Cardiac arrest

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after stabilization.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Must know</i>
Pathophysiology	<i>Level two</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level two</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	0

Tetralogy of fallot

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Ventricular septal defect

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Eisenmenger's defect

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Atrial septal defect

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Congenital anomalies of pulmonary valve

GP's Tasks in IRAN

Diagnosis	Diagnosis is not a GP's task.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Nice to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level four</i>	<i>No need to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level two</i>	<i>Nice to know</i>
Paraclinic	<i>Level three</i>	<i>Nice to know</i>
Diagnostic approach	<i>Level four</i>	<i>No need to know</i>
Therapeutic approach	<i>Level four</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level four</i>	<i>No need to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Ebstein's anomaly

GP's Tasks in IRAN

Diagnosis	Diagnosis is not a GP's task.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Nice to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level four</i>	<i>No need to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level three</i>	<i>Nice to know</i>
Paraclinic	<i>Level three</i>	<i>Nice to know</i>
Diagnostic approach	<i>Level four</i>	<i>No need to know</i>
Therapeutic approach	<i>Level four</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level four</i>	<i>No need to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Congenital stenosis of aortic valve

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Dextrocardia

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level four</i>	<i>No need to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level four</i>	<i>Better to know</i>
Therapeutic approach	<i>Level four</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level four</i>	<i>No need to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Patent ductus arteriosus

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

DERMATOLOGY

DERMATOLOGY	General Practitioner Tasks							Theoretical Clinical Educational Needs										Practical Educational Needs		
	Diagnosis	Treatment	Referral	Follow up	Prevention	Screening	Patient Education	Definition	Epidemiology	Etiology	Pathophysiology	Clinical manifes.	Paraclinic	Diagnostic app.	Therapeutic app.	Complication	Prevention	Observation	Collaboration	Independent
DISEASES																				
Tuberculosis of skin and subcutaneous cellular tissue	2	0	0	0	1	0	0	B3	C3	B2	C3	B2	B2	B2	C2	C2	C2	0	0	0
Leprosy	1	0	0	0	0	0	0	B2	C2	C2	C2	B2	B3	B3	C3	C3	C3	0	0	0
Scarlet fever	1	2	4	1	1	0	1	A2	B3	B2	C2	A2	B2	B2	A2	A2	B2	1	1	0
Erysipelas	1	2	4	1	0	0	1	B2	C3	B2	D4	B2	B2	B2	B2	C2	C2	0	0	0
Cutaneous actinomycosis	0	0	0	0	0	0	0	C3	D4	C3	D4	C2	D4	D4	D4	D4	D4	0	0	0
Chickenpox	1	2	4	1	1	0	1	A2	B2	B2	C2	A2	B2	A2	A2	A2	A2	1	1	1
Herpes zoster	1	1	3	1	1	0	1	A2	B3	C3	C2	A2	B2	B3	A2	A2	B2	1	1	1
Herpes simplex	1	1	3	1	1	0	1	A2	B2	C3	C3	A2	B2	B2	A2	B2	C3	1	1	0
Molluscum contagiosum	1	1	4	0	1	0	1	A2	B2	B2	C2	A2	B2	A2	A2	C2	B2	1	1	0
Viral warts	1	1	3	1	1	0	1	A2	B2	B2	C3	A2	B3	A2	A2	C2	B2	1	1	0
Condyloma acuminatum	1	0	0	0	0	0	0	B2	D4	C2	D4	B2	B2	B2	C3	D4	C2	0	0	0
Cutaneous leishmaniasis	2	1	3	2	1	0	1	A2	B2	A2	C3	A2	B3	B3	B2	C3	A2	0	0	0

	General Practitioner Tasks							Theoretical Clinical Educational Needs										Practical Educational Needs		
DERMATOLOGY	Diagnosis	Treatment	Referral	Follow up	Prevention	Screening	Patient Education	Definition	Epidemiology	Etiology	Pathophysiology	Clinical manifes.	Paraclinic	Diagnostic app.	Therapeutic app.	Complication	Prevention	Observation	Collaboration	Independent
DISEASES																				
Secondary syphilis of skin or mucous membranes	2	1	3	2	1	0	1	A2	C3	C3	C3	A2	A2	B2	B2	C3	C3	0	0	0
Genital chancre	2	1	3	1	1	0	1	A2	B2	B2	C3	A2	A2	A2	A2	A2	A2	1	1	0
Dermatophytosis	2	2	4	1	1	0	1	A2	B2	B2	C3	A2	A2	A2	A2	B2	B2	2	1	1
Pityriasis versicolor	2	2	4	1	1	0	1	A2	B2	B2	C3	A2	A2	A2	A2	B2	B2	1	1	1
Tinea nigra	0	0	0	0	0	0	0	C3	D4	D4	D4	C3	C3	C3	C3	D4	D4	0	0	0
Sporotrichosis	0	0	0	0	0	0	0	C3	D4	D4	D4	C3	D4	D4	D4	D4	D4	0	0	0
Pediculosis and Phthirus infestation	1	2	4	1	1	0	1	A2	B3	B3	C3	A2	B3	B3	A2	B2	A2	1	1	1
Scabies	2	1	3	1	1	0	1	A2	B2	B2	C3	A2	A2	A2	A2	B2	B2	1	1	0
Malignant neoplasm of skin	1	0	0	0	0	0	0	B2	C2	C2	C3	B2	B3	B3	C3	B2	B2	1	0	0
Lipoma	2	2	4	1	0	0	1	A2	C3	C3	C3	A2	A2	A2	A2	A2	C3	2	1	1
Benign neoplasm of skin	1	2	4	1	0	0	1	A2	C3	C3	D4	A2	B3	B3	B3	C3	C3	1	1	1
Nevus	1	2	4	1	0	0	1	B2	C4	C4	C4	B2	B3	B3	B3	C3	C3	1	2	1

	General Practitioner Tasks							Theoretical Clinical Educational Needs									Practical Educational Needs			
DERMATOLOGY	Diagnosis	Treatment	Referral	Follow up	Prevention	Screening	Patient Education	Definition	Epidemiology	Etiology	Pathophysiology	Clinical manifes.	Paraclinic	Diagnostic app.	Therapeutic app.	Complication	Prevention	Observation	Collaboration	Independent
DISEASES																				
Carbuncle and furuncle	2	2	4	2	1	0	1	A2	C3	B2	C3	A2	A2	A2	A2	A2	A2	1	1	1
Onychia and paronychia	1	2	4	1	1	0	1	B2	C2	B3	C3	B2	B2	B2	B2	C2	C3	1	1	0
Impetigo	2	2	4	1	1	0	1	A2	B2	B2	C3	A1	A2	A2	A2	A1	A2	1	1	0
Pyoderma	2	2	4	1	1	0	1	B2	C2	C2	C2	B2	B3	B3	B2	C2	C2	0	0	0
Ecthyma	1	1	3	1	0	0	0	C3	D4	D4	D4	B3	B4	B3	B3	D4	D4	0	0	0
Perleche	1	2	4	1	0	0	1	C3	D4	D4	D4	B3	B4	B4	B3	D4	D4	1	0	0
Seborrheic dermatitis	1	1	3	1	0	0	1	A2	B2	B2	C3	A2	B3	A3	B2	C3	C3	1	0	0
Atopic dermatitis	1	1	3	1	1	0	1	B2	C2	C3	C2	B2	B3	B3	B2	C3	C3	1	1	0
Contact dermatitis	1	1	3	1	1	0	1	A2	B3	A3	C3	A2	B2	A2	A2	B2	A2	1	1	1
Pemphigus	1	0	0	0	0	0	0	B2	C3	C3	C2	B2	B4	B3	D4	C3	D4	1	0	0
Pemphigoid	1	0	0	0	0	0	0	B2	C3	C3	C3	B2	B4	B3	D4	C3	D4	1	0	0
Erythema multiforme	1	1	3	2	1	0	1	B2	C2	B2	C3	B2	B3	B2	B2	C2	C2	1	1	0

		General Practitioner Tasks						Theoretical Clinical Educational Needs										Practical Educational Needs			
DERMATOLOGY	DISEASES	Diagnosis	Treatment	Referral	Follow up	Prevention	Screening	Patient Education	Definition	Epidemiology	Etiology	Pathophysiology	Clinical manifes.	Paraclinic	Diagnostic app.	Therapeutic app.	Complication	Prevention	Observation	Collaboration	Independent
Scalded skin syndrome		1	0	0	0	0	0	0	B2	C2	B2	C3	B2	B3	B2	C2	C3	C2	0	0	0
Stevens-johnson syndrome		1	0	1	0	1	0	1	B2	C3	C3	C2	B2	B3	B3	C3	C3	C3	1	0	0
Toxic epidermal necrolysis		1	0	0	0	1	0	1	B2	C3	C3	C2	B2	B3	B3	C3	C3	C3	0	0	0
Rosacea		1	0	0	0	0	0	0	C2	D4	D4	D4	B3	B4	B3	C3	C3	D4	0	0	0
Psoriasis		1	0	0	0	0	0	0	B2	C3	C2	C2	B2	B3	B3	C3	C2	D4	1	1	0
Pityriasis rosea		1	0	0	0	0	0	0	B2	C2	C2	C2	B2	B3	B3	C2	C3	C3	1	1	0
Lichen planus		1	1	3	1	0	0	1	B2	C3	C3	C3	B2	B3	B3	B2	C3	D4	1	1	0
Acanthosis nigricans		1	0	0	0	0	0	0	C3	D4	C3	D4	B3	B3	B3	D4	D4	D4	0	0	0
Keloid scar		1	1	3	2	0	0	1	B3	C3	C3	C3	B2	B4	B3	B2	C3	C3	0	0	0
Actinic keratosis		1	0	0	0	1	1	0	B2	C3	B2	C3	B2	B4	B3	C3	B2	B2	0	0	0
Seborrheic keratosis		1	1	3	1	0	0	1	B2	C3	C3	C3	B2	B3	B3	B3	C3	C3	0	0	0
Dystrophia unguium		1	0	1	0	0	0	0	B2	D4	C3	D4	B2	B4	B4	C3	D4	C4	0	0	0

	General Practitioner Tasks							Theoretical Clinical Educational Needs									Practical Educational Needs			
DERMATOLOGY	Diagnosis	Treatment	Referral	Follow up	Prevention	Screening	Patient Education	Definition	Epidemiology	Etiology	Pathophysiology	Clinical manifes.	Paraclinic	Diagnostic app.	Therapeutic app.	Complication	Prevention	Observation	Collaboration	Independent
DISEASES																				
Onycholysis	1	1	3	1	1	0	1	B2	C3	B2	C3	B2	B3	B3	B2	C3	C3	0	0	0
Androgenetic alopecia	1	1	3	2	0	0	1	A2	B2	B2	C3	A2	A2	A2	B3	C3	C4	1	1	0
Alopecia areata	1	1	3	2	0	0	1	A2	B2	B2	C3	A2	A2	A2	B3	C3	C4	1	1	0
Telogen effluvium	1	1	3	2	1	0	1	B2	B2	B2	C3	B2	B2	B2	B3	C3	C4	1	0	0
Hyperandrogenic disorders in female	1	0	1	0	0	0	0	A2	C2	B3	B3	B2	B2	B2	C2	C3	C3	1	0	0
Folliculitis	1	1	3	0	0	0	1	A2	C3	B3	C3	A2	B3	B2	A2	B2	C3	1	1	1
Hidradenitis	1	0	0	0	0	0	0	C4	C4	C3	D4	B3	B3	B3	C3	C3	C4	0	0	0
Acne vulgaris	1	1	3	2	0	0	1	A2	A2	A2	B2	A2	A2	A2	A2	A2	A2	2	2	1
Sebaceous cyst	1	1	3	1	0	0	1	B3	C3	C3	C3	B2	B3	B3	B2	C3	D4	1	0	0
Decubitus ulcer	1	1	3	2	1	0	2	A2	B2	B2	B2	A2	B3	B2	B2	B2	A2	0	0	0
Vitiligo	1	1	3	1	0	0	1	B2	C3	C3	B2	B2	B3	B3	B3	B3	D4	1	1	0
Scar conditions and fibrosis of skin	1	0	1	0	0	0	0	C4	D4	C3	D4	B3	B3	B3	C4	C4	C4	0	0	0

		General Practitioner Tasks							Theoretical Clinical Educational Needs								Practical Educational Needs				
DERMATOLOGY		Diagnosis	Treatment	Referral	Follow up	Prevention	Screening	Patient Education	Definition	Epidemiology	Etiology	Pathophysiology	Clinical manifes.	Paraclinic	Diagnostic app.	Therapeutic app.	Complication	Prevention	Observation	Collaboration	Independent
DISEASES																					
Epidermolysis bullosa		1	1	2	0	0	0	1	B2	D4	C3	C3	B2	B3	B3	B3	C3	C3	0	0	0
Insect bite		1	1	4	1	0	0	1	A2	B2	B2	B2	A2	A2	A2	A2	B2	B2	1	1	0

Tuberculosis of skin and subcutaneous cellular tissue

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Nice to know</i>
Prevention	<i>Level two</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Leprosy

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level two</i>	<i>Nice to know</i>
Etiology	<i>Level two</i>	<i>Nice to know</i>
Pathophysiology	<i>Level two</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Scarlet fever

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Advanced conclusive treatment is a GP's task.
Referral	The patient must be referred after primary or conclusive treatment, if complications occur.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level two</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level two</i>	<i>Must know</i>
Prevention	<i>Level two</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	0

Erysipelas

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Advanced conclusive treatment is a GP's task.
Referral	The patient must be referred after primary or conclusive treatment, if complications occur.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Nice to know</i>
Prevention	<i>Level two</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Cutaneous actinomycosis

GP's Tasks in IRAN

Diagnosis	Diagnosis is not a GP's task.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Nice to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level two</i>	<i>Nice to know</i>
Paraclinic	<i>Level four</i>	<i>No need to know</i>
Diagnostic approach	<i>Level four</i>	<i>No need to know</i>
Therapeutic approach	<i>Level four</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level four</i>	<i>No need to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Chickenpox

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Advanced conclusive treatment is a GP's task.
Referral	The patient must be referred after primary or conclusive treatment, if complications occur.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level two</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level two</i>	<i>Must know</i>
Prevention	<i>Level two</i>	<i>Must know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	1

Herpes zoster

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level two</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level two</i>	<i>Must know</i>
Prevention	<i>Level two</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	1

Herpes simplex

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	0

Molluscum contagiosum

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary or conclusive treatment, if complications occur.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level two</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level two</i>	<i>Nice to know</i>
Prevention	<i>Level two</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	0

Viral warts

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level two</i>	<i>Nice to know</i>
Prevention	<i>Level two</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	0

Condyloma acuminatum

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level two</i>	<i>Nice to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level four</i>	<i>No need to know</i>
Prevention	<i>Level two</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Cutaneous leishmaniasis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Must know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level two</i>	<i>Must know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Secondary syphilis of skin or mucous membranes

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Genital chancre

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level two</i>	<i>Must know</i>
Prevention	<i>Level two</i>	<i>Must know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	0

Dermatophytosis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Advanced conclusive treatment is a GP's task.
Referral	The patient must be referred after primary or conclusive treatment, if complications occur.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level two</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	2
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	1

Pityriasis versicolor

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Advanced conclusive treatment is a GP's task.
Referral	The patient must be referred after primary or conclusive treatment, if complications occur.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level two</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	1

Tinea nigra

GP's Tasks in IRAN

Diagnosis	Diagnosis is not a GP's task.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Nice to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level four</i>	<i>No need to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level three</i>	<i>Nice to know</i>
Paraclinic	<i>Level three</i>	<i>Nice to know</i>
Diagnostic approach	<i>Level three</i>	<i>Nice to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level four</i>	<i>No need to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Sporotrichosis

GP's Tasks in IRAN

Diagnosis	Diagnosis is not a GP's task.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Nice to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level four</i>	<i>No need to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level three</i>	<i>Nice to know</i>
Paraclinic	<i>Level four</i>	<i>No need to know</i>
Diagnostic approach	<i>Level four</i>	<i>No need to know</i>
Therapeutic approach	<i>Level four</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level four</i>	<i>No need to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Pediculosis and Phthirus infestation

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Advanced conclusive treatment is a GP's task.
Referral	The patient must be referred after primary or conclusive treatment, if complications occur.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level two</i>	<i>Must know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	1

Scabies

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level two</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	0

Malignant neoplasm of skin

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level two</i>	<i>Nice to know</i>
Etiology	<i>Level two</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level two</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Lipoma

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Advanced conclusive treatment is a GP's task.
Referral	The patient must be referred after primary or conclusive treatment, if complications occur.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level two</i>	<i>Must know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	2
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	1

Benign neoplasm of skin

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Advanced conclusive treatment is a GP's task.
Referral	The patient must be referred after primary or conclusive treatment, if complications occur.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	1

Nevus

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Advanced conclusive treatment is a GP's task.
Referral	The patient must be referred after primary or conclusive treatment, if complications occur.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level four</i>	<i>Nice to know</i>
Etiology	<i>Level four</i>	<i>Nice to know</i>
Pathophysiology	<i>Level four</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	2
Minimum required independent disease management:	1

Carbuncle and furuncle

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Advanced conclusive treatment is a GP's task.
Referral	The patient must be referred after primary or conclusive treatment, if complications occur.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level two</i>	<i>Must know</i>
Prevention	<i>Level two</i>	<i>Must know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	1

Onychia and paronychia

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Advanced conclusive treatment is a GP's task.
Referral	The patient must be referred after primary or conclusive treatment, if complications occur.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level two</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	0

Impetigo

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Advanced conclusive treatment is a GP's task.
Referral	The patient must be referred after primary or conclusive treatment, if complications occur.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level one</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level one</i>	<i>Must know</i>
Prevention	<i>Level two</i>	<i>Must know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	0

Pyoderma

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Advanced conclusive treatment is a GP's task.
Referral	The patient must be referred after primary or conclusive treatment, if complications occur.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level two</i>	<i>Nice to know</i>
Etiology	<i>Level two</i>	<i>Nice to know</i>
Pathophysiology	<i>Level two</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Nice to know</i>
Prevention	<i>Level two</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Ecthyma

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Nice to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level four</i>	<i>No need to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level four</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level four</i>	<i>No need to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Perleche

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Advanced conclusive treatment is a GP's task.
Referral	The patient must be referred after primary or conclusive treatment, if complications occur.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Nice to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level four</i>	<i>No need to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level four</i>	<i>Better to know</i>
Diagnostic approach	<i>Level four</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level four</i>	<i>No need to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Seborrheic dermatitis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Atopic dermatitis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level two</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level two</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	0

Contact dermatitis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Must know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level two</i>	<i>Must know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	1

Pemphigus

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level two</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level four</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level four</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Pemphigoid

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level four</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level four</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Erythema multiforme

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level two</i>	<i>Nice to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Nice to know</i>
Prevention	<i>Level two</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	0

Scalded skin syndrome

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level two</i>	<i>Nice to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level two</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Stevens-johnson syndrome

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on diagnosis.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level two</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Toxic epidermal necrolysis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level two</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Rosacea

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Nice to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level four</i>	<i>No need to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level four</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Psoriasis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level two</i>	<i>Nice to know</i>
Pathophysiology	<i>Level two</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Nice to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	0

Pityriasis rosea

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level two</i>	<i>Nice to know</i>
Etiology	<i>Level two</i>	<i>Nice to know</i>
Pathophysiology	<i>Level two</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	0

Lichen planus

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	0

Acanthosis nigricans

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Nice to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level four</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level four</i>	<i>No need to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Keloid scar

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level four</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Actinic keratosis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening high risk people visited at office is a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level four</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level two</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Seborrheic keratosis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Dystrophia unguium

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on diagnosis.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level four</i>	<i>Better to know</i>
Diagnostic approach	<i>Level four</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level four</i>	<i>No need to know</i>
Prevention	<i>Level four</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Onycholysis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Androgenetic alopecia

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level three</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level four</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	0

Alopecia areata

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level three</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level four</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	0

Telogen effluvium

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level four</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Hyperandrogenic disorders in female

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on diagnosis.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Folliculitis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	1

Hidradenitis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level four</i>	<i>Nice to know</i>
Epidemiology	<i>Level four</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level four</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Acne vulgaris

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Must know</i>
Etiology	<i>Level two</i>	<i>Must know</i>
Pathophysiology	<i>Level two</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level two</i>	<i>Must know</i>
Prevention	<i>Level two</i>	<i>Must know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	2
Minimum required disease management under supervision of senior physician	2
Minimum required independent disease management:	1

Sebaceous cyst

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Decubitus ulcer

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	In addition to general information, patient needs to learn a skill practically.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level two</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level two</i>	<i>Must know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Vitiligo

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level two</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Better to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	0

Scar conditions and fibrosis of skin

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on diagnosis.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level four</i>	<i>Nice to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level four</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level four</i>	<i>Nice to know</i>
Prevention	<i>Level four</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Epidermolysis bullosa

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after stabilization.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Insect bite

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary or conclusive treatment, if complications occur.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level two</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level two</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	0

EAR, NOSE and THROAT

	General Practitioner Tasks							Theoretical Clinical Educational Needs									Practical Educational Needs			
EAR, NOSE and THROAT	Diagnosis	Treatment	Referral	Follow up	Prevention	Screening	Patient Education	Definition	Epidemiology	Etiology	Pathophysiology	Clinical manifes.	Paraclinic	Diagnostic app.	Therapeutic app.	Complication	Prevention	Observation	Collaboration	Independent
DISEASES																				
Malignant neoplasm of lip	1	0	0	0	0	0	0	B3	B3	B3	C3	A3	B3	B3	C3	B3	A3	0	0	0
Malignant neoplasm of tongue	1	0	0	0	0	0	0	B3	C3	B3	B3	A3	B3	B3	C3	C3	B3	0	0	0
Malignant neoplasm of major salivary glands	1	0	0	0	0	0	0	C3	D4	D4	D4	B3	B3	B3	C4	D4	D4	0	0	0
Malignant neoplasm of floor of mouth	1	0	0	0	0	0	0	C3	D4	C3	C4	B3	B3	B3	C4	D4	D4	0	0	0
Malignant neoplasm of oropharynx	1	0	0	0	0	0	0	C4	D4	D4	D4	B2	B3	B3	C4	D4	D4	0	0	0
Malignant neoplasm of nasophayrnx	0	0	0	0	0	0	0	A3	D4	D4	D4	C3	C3	C3	D3	C3	D4	0	0	0
Malignant neoplasm of hypopharynx	0	0	0	0	0	0	0	C3	D4	D3	D4	C3	C3	C3	D4	D3	D4	0	0	0
Malignant neoplasm of nasal cavities	1	0	0	0	0	0	0	B3	D4	D4	D4	B3	B3	B3	D4	D4	C3	0	0	0
Malignant neoplasm of the ear	0	0	0	0	0	0	0	C3	D4	D4	D4	C3	C3	C3	D4	D4	D4	0	0	0
Malignant neoplasm of larynx	1	0	0	0	0	0	0	B3	C3	C3	C3	A2	B3	B3	C4	C3	A2	0	0	0
Benign neoplasm of lip	1	0	0	0	0	0	0	B3	C3	C3	C3	B3	B3	B3	C3	C3	B3	0	0	0
Benign neoplasm of tongue	1	0	0	0	0	0	0	B3	C3	C3	D4	B3	B3	B3	C3	C3	C4	0	0	0

EAR, NOSE and THROAT DISEASES	General Practitioner Tasks							Theoretical Clinical Educational Needs										Practical Educational Needs		
	Diagnosis	Treatment	Referral	Follow up	Prevention	Screening	Patient Education	Definition	Epidemiology	Etiology	Pathophysiology	Clinical manifes.	Paraclinic	Diagnostic app.	Therapeutic app.	Complication	Prevention	Observation	Collaboration	Independent
Benign neoplasm of major salivary glands	1	0	0	0	0	0	0	B3	C3	C3	C3	B3	B3	B3	C3	C3	C3	0	0	0
Benign neoplasm of floor of mouth	1	0	0	0	0	0	0	B3	D4	C4	C4	B3	B3	B3	C4	C4	C4	0	0	0
Benign neoplasm of gingiva	0	0	0	0	0	0	0	B3	C3	C3	C3	C3	C3	C3	C3	C3	C3	0	0	0
Benign neoplasm of nasopharynx	0	0	0	0	0	0	0	A3	C3	C3	D3	C3	C3	C3	D3	C3	C3	0	0	0
Hypertrophy of adenoid tissue	2	1	3	2	0	0	1	C3	C3	D3	D3	B3	B3	B3	B3	C3	D3	2	1	0
Benign neoplasm of hypopharynx	0	0	0	0	0	0	0	B3	C3	D3	C3	C3	C3	C3	C3	C3	C3	0	0	0
Benign neoplasm of vocal cords	1	0	0	0	0	0	0	B3	C3	C3	C3	B3	B3	B3	C3	C3	C3	0	0	0
Facial nerve paralysis	1	0	1	0	0	0	0	A2	C2	C2	B3	A2	B2	A2	C2	A2	B2	1	0	0
Infective otitis externa	1	2	4	1	0	0	1	A3	B3	A3	C3	A3	B3	A3	A3	B3	A3	2	1	1
Impacted cerumen	1	2	4	0	0	0	0	A2	C2	C2	C2	A2	B3	B3	A2	A2	C3	3	2	2
Otitis media with effusion	1	1	3	2	0	0	1	A3	B3	B3	B3	A3	A3	A3	B3	A3	B3	2	1	0
Dysfunction of eustachian tube	1	0	0	0	0	0	0	B3	C3	C3	C3	B3	B3	B3	C3	B3	C3	0	0	0

EAR, NOSE and THROAT <i>DISEASES</i>	General Practitioner Tasks							Theoretical Clinical Educational Needs									Practical Educational Needs			
	Diagnosis	Treatment	Referral	Follow up	Prevention	Screening	Patient Education	Definition	Epidemiology	Etiology	Pathophysiology	Clinical manifes.	Paraclinic	Diagnostic app.	Therapeutic app.	Complication	Prevention	Observation	Collaboration	Independent
Acute suppurative otitis media	1	2	4	1	0	0	1	A2	B2	A2	B2	A2	B3	A2	A2	A2	B3	3	2	2
Chronic purulent otitis media	1	0	0	0	0	0	0	A3	B3	B3	C3	A3	B3	A3	C3	B3	B3	0	0	0
Acute mastoididits	1	0	0	0	0	0	0	A3	B3	B3	C3	A3	B3	A3	C3	A3	B3	0	0	0
Chronic mastoiditis	0	0	0	0	0	0	0	A3	C3	B3	C3	C3	C3	C3	C3	C3	C3	0	0	0
Bullous myringitis	1	1	3	1	0	0	1	A3	B3	B3	B3	A3	B3	B3	B3	B3	B3	0	0	0
Perforation of tympanic membrane	1	0	1	0	0	0	1	A3	B3	B3	B3	A3	B3	B3	C3	B3	B3	0	0	0
Tympanosclerosis	1	0	0	0	0	0	0	B3	C3	C3	C3	B3	B3	B3	C3	C3	C3	0	0	0
Meniere's disease	1	0	0	0	0	0	0	A3	C3	C3	C3	A3	B3	B3	C3	B3	C3	1	0	0
Benign paroxysmal positional vertigo	1	1	3	1	0	0	1	A3	B3	B3	B3	A3	B3	B3	B3	C3	B3	1	1	0
Vestibular neuronitis	1	0	0	0	0	0	0	B3	C3	B3	C3	B3	B3	B3	C3	C3	C3	0	0	0
Otosclerosis	0	0	0	0	0	0	0	B3	C3	C3	C3	C3	D3	D3	D3	B3	C3	0	0	0
Noise effects on inner ear	2	0	1	0	1	0	1	A3	B3	B3	B3	B3	B3	B3	C3	B3	B3	1	0	0

EAR, NOSE and THROAT DISEASES	General Practitioner Tasks							Theoretical Clinical Educational Needs										Practical Educational Needs		
	Diagnosis	Treatment	Referral	Follow up	Prevention	Screening	Patient Education	Definition	Epidemiology	Etiology	Pathophysiology	Clinical manifes.	Paraclinic	Diagnostic app.	Therapeutic app.	Complication	Prevention	Observation	Collaboration	Independent
Acute nasopharyngitis [common cold]	1	2	4	1	0	0	1	A2	A2	A2	A2	A1	A2	A2	A1	A2	A2	3	3	2
Streptococcal pharyngitis	2	2	4	1	0	0	1	A2	A2	A2	B3	A2	A2	A2	A2	A2	B3	3	2	1
Acute sinusitis	2	1	3	1	1	0	1	A2	A2	A2	A2	A1	A2	A2	A1	A2	A2	2	2	2
Acute pharyngitis	2	2	4	1	0	0	1	A2	B2	B2	B2	A2	A2	A2	A2	B2	B2	3	2	2
Vincent's angina	2	1	3	1	0	0	1	A3	B3	B2	C2	A2	A3	A3	A2	B3	B3	0	0	0
Infectious mononucleosis	2	2	4	2	0	0	1	A3	B3	A3	B3	A3	A3	A3	A3	A3	B3	2	0	0
Croup	1	1	3	1	0	0	1	A2	B2	B2	B2	A2	A2	A2	A2	A2	B2	2	1	0
Epiglottitis	1	1	2	0	0	0	0	B2	C3	C3	C3	B2	B2	B2	B2	B2	D3	0	0	0
Deviated nasal septum	1	0	1	0	0	0	0	B3	C3	C3	C3	B3	B3	B3	C3	B3	D3	0	0	0
Nasal polyps	1	0	1	0	0	0	0	A2	B3	B3	B3	A2	B2	B2	C3	B2	B3	0	0	0
Chronic pharyngitis and nasopharyngitis	1	0	0	0	0	0	0	B2	C3	B3	C3	B3	B3	B3	C3	C3	C3	0	0	0
Chronic sinusitis	2	1	3	1	0	0	1	A2	B2	A2	B3	A1	A2	A2	A1	A3	B3	3	2	2

	General Practitioner Tasks							Theoretical Clinical Educational Needs									Practical Educational Needs			
EAR, NOSE and THROAT	Diagnosis	Treatment	Referral	Follow up	Prevention	Screening	Patient Education	Definition	Epidemiology	Etiology	Pathophysiology	Clinical manifes.	Paraclinic	Diagnostic app.	Therapeutic app.	Complication	Prevention	Observation	Collaboration	Independent
DISEASES																				
Chronic tonsillitis and adenoiditis	1	1	3	1	0	0	1	A3	C3	B3	C3	A2	B3	B3	B3	B3	B3	2	1	0
Peritonsillar abscess	1	0	0	0	0	0	0	A3	B3	B3	C3	A3	B3	B3	C3	A3	B3	0	0	0
Chronic laryngitis and laryngotracheitis	1	0	0	0	0	0	0	A3	C3	B3	C3	A2	B3	B3	C3	B3	B3	0	0	0
Acute laryngotracheitis	1	1	3	1	0	0	1	A2	B2	B2	B2	A2	B2	A2	A2	A2	B2	1	1	0
Acute laryngitis	1	1	3	1	0	0	1	A3	B3	C3	C3	A2	B2	A2	B2	B2	C3	1	1	0
Chronic laryngotracheitis	1	0	0	0	0	0	0	B2	C3	C3	C3	B2	B2	B2	C2	C2	C2	0	0	0
Allergic rhinitis	1	1	3	1	0	0	1	A3	A3	A3	A3	A2	A3	A3	A1	A2	B3	2	2	1
Sleep apnea	1	0	0	0	0	0	0	B2	C3	C3	C3	B2	B3	B3	C3	B3	C3	0	0	0
vasomotor rhinitis	2	2	4	1	0	0	1	A2	B2	B2	C2	A2	A2	A2	B3	B3	B3	2	0	0
Laryngeal trauma	1	0	0	0	0	0	0	B3	D3	C3	B3	B3	B3	B3	C3	B3	D3	0	0	0
Retropharyngeal abscess	1	0	0	0	0	0	0	A3	B3	B3	C3	A3	B3	B3	C3	B3	C3	0	0	0
Paralysis of vocal cords or larynx	1	0	0	0	0	0	0	A3	C3	B3	B3	B3	B3	B3	C3	C3	C3	0	0	0

		General Practitioner Tasks						Theoretical Clinical Educational Needs									Practical Educational Needs				
EAR, NOSE and THROAT		Diagnosis	Treatment	Referral	Follow up	Prevention	Screening	Patient Education	Definition	Epidemiology	Etiology	Pathophysiology	Clinical manifes.	Paraclinic	Diagnostic app.	Therapeutic app.	Complication	Prevention	Observation	Collaboration	Independent
DISEASES																					
Polyp of vocal cord or larynx		1	0	0	0	0	0	0	A3	C3	C3	C3	B3	B3	B3	C3	C3	C3	0	0	0
Edema of larynx		1	1	2	0	0	0	0	A3	B3	B3	B3	A3	B3	A3	A2	B3	B3	0	0	0
Temporomandibular joint disorders		1	0	0	0	0	0	0	B2	D3	D3	D3	B2	B2	B2	D3	D3	D3	0	0	0
Sialoadenitis		1	0	0	0	0	0	0	A3	B3	B3	C3	A3	B3	B3	C3	B3	C3	0	0	0
Abscess of the salivary glands		1	0	0	0	0	0	0	B3	C3	C3	C3	B3	B3	B3	C3	C3	C3	0	0	0
Sialolithiasis		2	0	0	0	0	0	0	A3	C3	C3	C3	A3	B3	B3	C3	C3	C3	0	0	0
Oral aphthae		1	2	4	1	0	0	1	A3	B3	A3	B3	A3	A3	A3	A1	B3	B3	2	2	2
Leukoplakia of oral mucosa		1	0	0	0	0	0	0	B3	C3	B3	C3	B3	B3	B3	C3	B3	B3	0	0	0
Congenital anomalies of ear, face, and neck		1	0	0	0	0	0	0	B3	C3	C3	C3	B3	B3	B3	C3	C3	C3	0	0	0
Cleft palate and cleft lip		1	0	1	0	0	0	0	A2	D3	D3	D3	B2	B2	B2	C2	C2	D3	0	0	0
Deep neck abcess		1	0	0	0	0	0	0	B2	C3	C3	C3	B2	B2	B2	C2	B2	D3	0	0	0
Nasal bones fracture		2	0	1	0	0	0	0	B3	C3	C3	C3	B3	B3	B3	C2	B3	C3	1	0	0

		General Practitioner Tasks						Theoretical Clinical Educational Needs										Practical Educational Needs			
EAR, NOSE and THROAT	DISEASES	Diagnosis	Treatment	Referral	Follow up	Prevention	Screening	Patient Education	Definition	Epidemiology	Etiology	Pathophysiology	Clinical manifes.	Paraclinic	Diagnostic app.	Therapeutic app.	Complication	Prevention	Observation	Collaboration	Independent
Mandible fracture		2	0	1	0	0	0	0	B2	D3	D3	D3	B2	B2	B2	C2	B2	D3	0	0	0
Malar and maxillary bones fracture		2	0	1	0	0	0	0	B2	C2	C2	C2	B2	B2	B2	C2	C2	C2	0	0	0
Orbit fracture		2	0	0	0	0	0	0	B2	C3	C3	C3	B2	B2	B2	C3	C3	D3	0	0	0
Open wound of ear		1	1	3	1	0	0	1	B3	C3	C3	C3	B3	B3	B3	B3	B3	C3	0	0	0
Open wound of face		1	1	3	1	0	0	1	B3	C3	C3	C3	B3	B3	B3	B3	B3	C3	2	1	0
Open wound of neck		1	0	0	0	0	0	0	B3	C3	C3	C3	B3	B3	B3	C3	B3	C3	0	0	0
Foreign body in ear		1	1	3	0	0	0	1	B3	C3	C3	C3	B3	B3	B3	A2	B3	B3	1	1	0
Foreign body in nose		1	1	3	0	0	0	1	B3	C3	C3	C3	B3	B3	B3	A2	B3	B3	1	1	0
Foreign body in pharynx and larynx		2	1	2	0	0	0	0	A3	C3	A3	C3	A3	B3	B3	B2	A3	A3	1	0	0
Motion sickness		2	2	4	1	1	0	1	A2	B3	B3	B3	A2	B3	B3	A2	B3	B3	0	0	0

Malignant neoplasm of lip

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Better to know</i>
Prevention	<i>Level three</i>	<i>Must know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Malignant neoplasm of tongue

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Better to know</i>
Clinical manifestation	<i>Level three</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Malignant neoplasm of major salivary glands

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Nice to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level four</i>	<i>No need to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level four</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level four</i>	<i>No need to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Malignant neoplasm of floor of mouth

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Nice to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level four</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level four</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level four</i>	<i>No need to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Malignant neoplasm of oropharynx

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level four</i>	<i>Nice to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level four</i>	<i>No need to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level four</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level four</i>	<i>No need to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Malignant neoplasm of nasopharynx

GP's Tasks in IRAN

Diagnosis	Diagnosis is not a GP's task.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Must know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level four</i>	<i>No need to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level three</i>	<i>Nice to know</i>
Paraclinic	<i>Level three</i>	<i>Nice to know</i>
Diagnostic approach	<i>Level three</i>	<i>Nice to know</i>
Therapeutic approach	<i>Level three</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Malignant neoplasm of hypopharynx

GP's Tasks in IRAN

Diagnosis	Diagnosis is not a GP's task.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Nice to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level three</i>	<i>No need to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level three</i>	<i>Nice to know</i>
Paraclinic	<i>Level three</i>	<i>Nice to know</i>
Diagnostic approach	<i>Level three</i>	<i>Nice to know</i>
Therapeutic approach	<i>Level four</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level three</i>	<i>No need to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Malignant neoplasm of nasal cavities

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level four</i>	<i>No need to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level four</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level four</i>	<i>No need to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Malignant neoplasm of the ear

GP's Tasks in IRAN

Diagnosis	Diagnosis is not a GP's task.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Nice to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level four</i>	<i>No need to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level three</i>	<i>Nice to know</i>
Paraclinic	<i>Level three</i>	<i>Nice to know</i>
Diagnostic approach	<i>Level three</i>	<i>Nice to know</i>
Therapeutic approach	<i>Level four</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level four</i>	<i>No need to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Malignant neoplasm of larynx

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level four</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level two</i>	<i>Must know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Benign neoplasm of lip

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Benign neoplasm of tongue

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
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Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level four</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Benign neoplasm of major salivary glands

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Benign neoplasm of floor of mouth

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level four</i>	<i>Nice to know</i>
Pathophysiology	<i>Level four</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level four</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level four</i>	<i>Nice to know</i>
Prevention	<i>Level four</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Benign neoplasm of gingiva

GP's Tasks in IRAN

Diagnosis	Diagnosis is not a GP's task.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Nice to know</i>
Paraclinic	<i>Level three</i>	<i>Nice to know</i>
Diagnostic approach	<i>Level three</i>	<i>Nice to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Benign neoplasm of nasopharynx

GP's Tasks in IRAN

Diagnosis	Diagnosis is not a GP's task.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>No need to know</i>
Clinical manifestation	<i>Level three</i>	<i>Nice to know</i>
Paraclinic	<i>Level three</i>	<i>Nice to know</i>
Diagnostic approach	<i>Level three</i>	<i>Nice to know</i>
Therapeutic approach	<i>Level three</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Hypertrophy of adenoid tissue

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Nice to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>No need to know</i>
Pathophysiology	<i>Level three</i>	<i>No need to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	2
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	0

Benign neoplasm of hypopharynx

GP's Tasks in IRAN

Diagnosis	Diagnosis is not a GP's task.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>No need to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Nice to know</i>
Paraclinic	<i>Level three</i>	<i>Nice to know</i>
Diagnostic approach	<i>Level three</i>	<i>Nice to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Benign neoplasm of vocal cords

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Facial nerve paralysis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on diagnosis.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Nice to know</i>
Etiology	<i>Level two</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Must know</i>
Prevention	<i>Level two</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Infective otitis externa

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Advanced conclusive treatment is a GP's task.
Referral	The patient must be referred after primary or conclusive treatment, if complications occur.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Must know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Must know</i>
Therapeutic approach	<i>Level three</i>	<i>Must know</i>
Complication-Prognosis	<i>Level three</i>	<i>Better to know</i>
Prevention	<i>Level three</i>	<i>Must know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	2
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	1

Impacted cerumen

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Advanced conclusive treatment is a GP's task.
Referral	The patient must be referred after primary or conclusive treatment, if complications occur.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Nice to know</i>
Etiology	<i>Level two</i>	<i>Nice to know</i>
Pathophysiology	<i>Level two</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level two</i>	<i>Must know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	3
Minimum required disease management under supervision of senior physician	2
Minimum required independent disease management:	2

Otitis media with effusion

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Better to know</i>
Clinical manifestation	<i>Level three</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Must know</i>
Diagnostic approach	<i>Level three</i>	<i>Must know</i>
Therapeutic approach	<i>Level three</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Must know</i>
Prevention	<i>Level three</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	2
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	0

Dysfunction of eustachian tube

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Better to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Acute suppurative otitis media

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Advanced conclusive treatment is a GP's task.
Referral	The patient must be referred after primary or conclusive treatment, if complications occur.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Must know</i>
Pathophysiology	<i>Level two</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level two</i>	<i>Must know</i>
Prevention	<i>Level three</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	3
Minimum required disease management under supervision of senior physician	2
Minimum required independent disease management:	2

Chronic purulent otitis media

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Must know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Better to know</i>
Prevention	<i>Level three</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Acute mastoiditis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Must know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Must know</i>
Prevention	<i>Level three</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Chronic mastoiditis

GP's Tasks in IRAN

Diagnosis	Diagnosis is not a GP's task.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Nice to know</i>
Paraclinic	<i>Level three</i>	<i>Nice to know</i>
Diagnostic approach	<i>Level three</i>	<i>Nice to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Bullous myringitis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Better to know</i>
Clinical manifestation	<i>Level three</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Better to know</i>
Prevention	<i>Level three</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Perforation of tympanic membrane

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on diagnosis.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Better to know</i>
Clinical manifestation	<i>Level three</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Better to know</i>
Prevention	<i>Level three</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Tympanosclerosis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Meniere's disease

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Better to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Benign paroxysmal positional vertigo

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Better to know</i>
Clinical manifestation	<i>Level three</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	0

Vestibular neuronitis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Otosclerosis

GP's Tasks in IRAN

Diagnosis	Diagnosis is not a GP's task.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Nice to know</i>
Paraclinic	<i>Level three</i>	<i>No need to know</i>
Diagnostic approach	<i>Level three</i>	<i>No need to know</i>
Therapeutic approach	<i>Level three</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Better to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Noise effects on inner ear

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on diagnosis.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Better to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Better to know</i>
Prevention	<i>Level three</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Acute nasopharyngitis (common cold)

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Advanced conclusive treatment is a GP's task.
Referral	The patient must be referred after primary or conclusive treatment, if complications occur.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Must know</i>
Etiology	<i>Level two</i>	<i>Must know</i>
Pathophysiology	<i>Level two</i>	<i>Must know</i>
Clinical manifestation	<i>Level one</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level one</i>	<i>Must know</i>
Complication-Prognosis	<i>Level two</i>	<i>Must know</i>
Prevention	<i>Level two</i>	<i>Must know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	3
Minimum required disease management under supervision of senior physician	3
Minimum required independent disease management:	2

Streptococcal pharyngitis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Advanced conclusive treatment is a GP's task.
Referral	The patient must be referred after primary or conclusive treatment, if complications occur.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Must know</i>
Etiology	<i>Level two</i>	<i>Must know</i>
Pathophysiology	<i>Level three</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level two</i>	<i>Must know</i>
Prevention	<i>Level three</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	3
Minimum required disease management under supervision of senior physician	2
Minimum required independent disease management:	1

Acute sinusitis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Must know</i>
Etiology	<i>Level two</i>	<i>Must know</i>
Pathophysiology	<i>Level two</i>	<i>Must know</i>
Clinical manifestation	<i>Level one</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level one</i>	<i>Must know</i>
Complication-Prognosis	<i>Level two</i>	<i>Must know</i>
Prevention	<i>Level two</i>	<i>Must know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	2
Minimum required disease management under supervision of senior physician	2
Minimum required independent disease management:	2

Acute pharyngitis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Advanced conclusive treatment is a GP's task.
Referral	The patient must be referred after primary or conclusive treatment, if complications occur.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level two</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level two</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	3
Minimum required disease management under supervision of senior physician	2
Minimum required independent disease management:	2

Vincent's angina

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level two</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Must know</i>
Diagnostic approach	<i>Level three</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level three</i>	<i>Better to know</i>
Prevention	<i>Level three</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Infectious mononucleosis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Advanced conclusive treatment is a GP's task.
Referral	The patient must be referred after primary or conclusive treatment, if complications occur.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Must know</i>
Pathophysiology	<i>Level three</i>	<i>Better to know</i>
Clinical manifestation	<i>Level three</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Must know</i>
Diagnostic approach	<i>Level three</i>	<i>Must know</i>
Therapeutic approach	<i>Level three</i>	<i>Must know</i>
Complication-Prognosis	<i>Level three</i>	<i>Must know</i>
Prevention	<i>Level three</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	2
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Croup

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level two</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level two</i>	<i>Must know</i>
Prevention	<i>Level two</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	2
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	0

Epiglottitis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after stabilization.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level three</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Deviated nasal septum

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on diagnosis.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Better to know</i>
Prevention	<i>Level three</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Nasal polyps

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on diagnosis.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level three</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Chronic pharyngitis and nasopharyngitis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Chronic sinusitis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Must know</i>
Pathophysiology	<i>Level three</i>	<i>Better to know</i>
Clinical manifestation	<i>Level one</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level one</i>	<i>Must know</i>
Complication-Prognosis	<i>Level three</i>	<i>Must know</i>
Prevention	<i>Level three</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	3
Minimum required disease management under supervision of senior physician	2
Minimum required independent disease management:	2

Chronic tonsillitis and adenoiditis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Better to know</i>
Prevention	<i>Level three</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	2
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	0

Peritonsillar abscess

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Must know</i>
Prevention	<i>Level three</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Chronic laryngitis and laryngotracheitis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Better to know</i>
Prevention	<i>Level three</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Acute laryngotracheitis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level two</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level two</i>	<i>Must know</i>
Prevention	<i>Level two</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	0

Acute laryngitis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	0

Chronic laryngotracheitis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Nice to know</i>
Prevention	<i>Level two</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Allergic rhinitis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Must know</i>
Etiology	<i>Level three</i>	<i>Must know</i>
Pathophysiology	<i>Level three</i>	<i>Must know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Must know</i>
Diagnostic approach	<i>Level three</i>	<i>Must know</i>
Therapeutic approach	<i>Level one</i>	<i>Must know</i>
Complication-Prognosis	<i>Level two</i>	<i>Must know</i>
Prevention	<i>Level three</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	2
Minimum required disease management under supervision of senior physician	2
Minimum required independent disease management:	1

Sleep apnea

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Better to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

vasomotor rhinitis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Advanced conclusive treatment is a GP's task.
Referral	The patient must be referred after primary or conclusive treatment, if complications occur.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level two</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level three</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Better to know</i>
Prevention	<i>Level three</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	2
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Laryngeal trauma

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>No need to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Better to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Better to know</i>
Prevention	<i>Level three</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Retropharyngeal abscess

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Better to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Paralysis of vocal cords or larynx

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Better to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Polyp of vocal cord or larynx

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Edema of larynx

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after stabilization.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Better to know</i>
Clinical manifestation	<i>Level three</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level three</i>	<i>Better to know</i>
Prevention	<i>Level three</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Temporomandibular joint disorders

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>No need to know</i>
Etiology	<i>Level three</i>	<i>No need to know</i>
Pathophysiology	<i>Level three</i>	<i>No need to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level three</i>	<i>No need to know</i>
Prevention	<i>Level three</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Sialoadenitis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Better to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Abscess of the salivary glands

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Sialolithiasis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Oral aphthae

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Advanced conclusive treatment is a GP's task.
Referral	The patient must be referred after primary or conclusive treatment, if complications occur.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Must know</i>
Pathophysiology	<i>Level three</i>	<i>Better to know</i>
Clinical manifestation	<i>Level three</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Must know</i>
Diagnostic approach	<i>Level three</i>	<i>Must know</i>
Therapeutic approach	<i>Level one</i>	<i>Must know</i>
Complication-Prognosis	<i>Level three</i>	<i>Better to know</i>
Prevention	<i>Level three</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	2
Minimum required disease management under supervision of senior physician	2
Minimum required independent disease management:	2

Leukoplakia of oral mucosa

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Better to know</i>
Prevention	<i>Level three</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Congenital anomalies of ear, face, and neck

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Cleft palate and cleft lip

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on diagnosis.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>No need to know</i>
Etiology	<i>Level three</i>	<i>No need to know</i>
Pathophysiology	<i>Level three</i>	<i>No need to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Deep neck abscess

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level three</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Nasal bones fracture

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on diagnosis.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Better to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Mandible fracture

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on diagnosis.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>No need to know</i>
Etiology	<i>Level three</i>	<i>No need to know</i>
Pathophysiology	<i>Level three</i>	<i>No need to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level three</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Malar and maxillary bones fracture

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on diagnosis.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level two</i>	<i>Nice to know</i>
Etiology	<i>Level two</i>	<i>Nice to know</i>
Pathophysiology	<i>Level two</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Nice to know</i>
Prevention	<i>Level two</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Orbit fracture

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Open wound of ear

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Better to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Open wound of face

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Better to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	2
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	0

Open wound of neck

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Better to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Foreign body in ear

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level three</i>	<i>Better to know</i>
Prevention	<i>Level three</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	0

Foreign body in nose

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level three</i>	<i>Better to know</i>
Prevention	<i>Level three</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	0

Foreign body in pharynx and larynx

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after stabilization.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Must know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Must know</i>
Prevention	<i>Level three</i>	<i>Must know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Motion sickness

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Advanced conclusive treatment is a GP's task.
Referral	The patient must be referred after primary or conclusive treatment, if complications occur.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level three</i>	<i>Better to know</i>
Prevention	<i>Level three</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

ENDOCRINOLOGY

ENDOCRINOLOGY DISEASES	General Practitioner Tasks							Theoretical Clinical Educational Needs										Practical Educational Needs		
	Diagnosis	Treatment	Referral	Follow up	Prevention	Screening	Patient Education	Definition	Epidemiology	Etiology	Pathophysiology	Clinical manifes.	Paraclinic	Diagnostic app.	Therapeutic app.	Complication	Prevention	Observation	Collaboration	Independent
Malignant neoplasm of thyroid gland	1	0	0	0	0	0	0	A3	B3	C3	C3	A3	B3	B3	C3	C3	C3	2	1	0
Malignant neoplasm of adrenal gland	0	0	0	0	0	0	0	B3	D4	D4	D4	C3	C3	C3	C2	D4	D4	0	0	0
Benign neoplasm of adrenal gland	0	0	0	0	0	0	0	B3	C3	C3	C3	C3	C3	C3	C3	C3	D4	0	0	0
Simple goiter	2	1	3	2	1	1	1	A2	B2	A2	B2	A2	B2	A2	A2	B2	B2	5	2	2
Nontoxic nodular goiter	2	1	3	2	1	1	1	A2	B2	A2	B2	A2	B2	A2	B2	B2	B2	4	2	2
Graves' disease	2	0	1	0	0	0	1	B2	C3	C3	C3	B2	B2	B2	C3	C3	D4	2	1	0
Congenital hypothyroidism	2	0	0	2	0	2	1	A3	B3	C3	B3	A2	A2	B2	C2	B2	B3	1	0	0
Acquired hypothyroidism	2	1	3	2	3	1	1	A3	B3	B3	B3	B3	A2	A2	A2	A2	D4	2	2	1
Thyroiditis	1	0	0	0	0	0	0	B3	C3	C3	C3	B3	B3	B3	C3	C3	D4	1	0	0
Cyst of thyroid	2	0	0	0	0	0	0	B2	D4	D4	D4	B2	B3	B3	D4	D4	D4	0	0	0
Type 1 diabetes mellitus	2	1	3	2	0	0	2	A2	B2	B2	B2	A2	A2	A2	A2	B2	C3	3	2	1
Type 2 diabetes mellitus	2	1	3	2	1	1	3	A2	B2	C2	C2	A2	A2	A2	A2	A2	B2	3	3	2

ENDOCRINOLOGY <i>DISEASES</i>	General Practitioner Tasks							Theoretical Clinical Educational Needs									Practical Educational Needs			
	Diagnosis	Treatment	Referral	Follow up	Prevention	Screening	Patient Education	Definition	Epidemiology	Etiology	Pathophysiology	Clinical manifes.	Paraclinic	Diagnostic app.	Therapeutic app.	Complication	Prevention	Observation	Collaboration	Independent
Diabetic ketoacidosis	2	1	2	0	1	0	1	B2	C3	C3	C3	B2	B2	B2	B2	B2	B2	1	1	0
Diabetes with hyperosmolarity	2	1	2	0	1	0	1	B2	C3	C3	C3	B2	B2	B2	B2	B2	B2	0	0	0
Diabets with renal manifestations	2	0	0	0	1	1	0	B2	C3	C3	C3	B3	B2	B3	C2	C3	C3	1	0	0
Diabetes with ophthalmic manifestations	1	0	0	0	1	0	1	B3	C3	C3	C3	B2	B3	B3	C3	C3	B3	1	0	0
Diabetes with neurological manifestations	1	0	0	0	1	1	1	B2	C3	C3	C3	B2	B3	B3	C3	C3	B2	1	0	0
Diabetes with peripheral circulatory disorders	1	0	0	0	1	1	1	B3	C3	C3	C3	B3	B3	B3	C3	C3	B3	1	1	0
Diabetic hypoglycemia	2	1	3	1	1	0	1	A2	C3	B3	C3	A2	A2	A2	A2	B2	B2	1	1	1
Hyperparathyroidism	2	0	0	0	0	0	0	B3	C3	C3	C3	B3	B3	B3	C3	C3	D4	0	0	0
Hypoparathyroidism	2	0	0	0	0	0	0	B3	C3	C3	C3	B3	B3	B3	C3	C3	D4	0	0	0
Acromegaly and gigantism	1	0	0	0	0	0	0	B3	C3	C3	C3	B3	B3	B3	D4	C3	D4	0	0	0
Panhypopituitarism	1	0	0	0	0	0	0	B3	C3	C3	C3	B3	B3	B3	C3	C3	D4	0	0	0
Sheehan's syndrome	1	0	0	0	0	0	0	B3	C3	C3	C3	B3	B3	B3	D4	C3	D4	0	0	0

	General Practitioner Tasks							Theoretical Clinical Educational Needs										Practical Educational Needs		
ENDOCRINOLOGY	Diagnosis	Treatment	Referral	Follow up	Prevention	Screening	Patient Education	Definition	Epidemiology	Etiology	Pathophysiology	Clinical manifes.	Paraclinic	Diagnostic app.	Therapeutic app.	Complication	Prevention	Observation	Collaboration	Independent
DISEASES																				
Isolated deficiency of growth hormone	1	0	0	0	0	0	0	B3	D4	D4	D4	B3	B3	B3	D4	D4	D4	0	0	0
Diabetes insipidus	2	0	0	0	0	0	0	B3	D3	C3	C3	B3	B3	B3	D4	C3	D4	0	0	0
Cushing's syndrome	1	0	0	0	0	0	0	A3	C3	B3	C3	A3	B3	B3	C3	B3	D4	0	0	0
Hyperaldosteronism	0	0	0	0	0	0	0	B3	D4	C3	C3	C3	C3	C3	D4	D4	D4	0	0	0
Adrenogenital disorders	1	0	0	0	0	0	0	B3	D4	C3	C3	B3	B3	B3	D4	D4	D4	0	0	0
Corticoadrenal insufficiency	1	0	0	0	0	0	0	A3	C3	C3	C3	A2	B3	B3	C3	C4	D4	0	0	0
Addisonian crisis	2	1	2	0	0	0	0	A3	C3	C3	C3	A2	B3	B3	A2	C3	D4	0	0	0
Medulloadrenal hyperfunction	0	0	0	0	0	0	0	B3	D4	C3	C3	C3	C3	C3	C3	C3	D4	0	0	0
Polycystic ovaries	2	1	3	2	0	0	1	B3	C3	C3	C3	B3	B3	B3	B3	C3	D4	1	1	1
Testicular dysfunction	1	0	0	0	0	0	0	B3	C3	C3	C3	B3	B3	B3	C3	C3	D4	0	0	0
Delay in sexual development and puberty	1	0	0	0	0	0	0	B3	C3	C3	C3	B3	B3	B3	D4	D4	D4	0	0	0
constitutional dwarfism	1	0	0	0	0	0	0	B3	C3	C3	C3	B3	B3	B3	C3	C3	D4	0	0	0

	General Practitioner Tasks							Theoretical Clinical Educational Needs										Practical Educational Needs		
ENDOCRINOLOGY	Diagnosis	Treatment	Referral	Follow up	Prevention	Screening	Patient Education	Definition	Epidemiology	Etiology	Pathophysiology	Clinical manifes.	Paraclinic	Diagnostic app.	Therapeutic app.	Complication	Prevention	Observation	Collaboration	Independent
DISEASES																				
Vitamin D deficiency	2	1	3	2	1	0	1	A2	B2	C2	C2	A2	A2	A2	A2	B2	B2	1	0	0
Rickets	2	2	4	2	1	1	1	A2	B3	B3	B3	A2	A2	B2	A2	A2	A2	0	0	0
Osteomalacia	2	1	3	2	1	0	1	A2	C2	C2	C2	A2	B3	B3	A2	B2	B2	1	0	0
Pure hypercholesterolemia	2	2	4	2	1	1	1	A2	B2	B2	B2	A2	A2	A2	A2	A2	A2	2	2	2
Familial hypercholesterolemia	2	1	3	2	1	0	1	B2	C3	C3	C3	A2	A2	B2	A2	A2	B2	0	0	0
Pure hypertriglyceridemia	2	2	4	2	1	1	1	A2	A2	A2	A2	A2	A2	A2	A2	A2	A2	2	1	1
Mixed hyperlipidemia	2	2	4	2	1	1	1	A2	A2	A2	A2	A2	A2	A2	A2	A2	A2	2	1	1
Hyperchylomicronemia	2	0	0	0	0	0	0	B2	C2	C3	C3	B2	B2	B2	C2	B2	C3	0	0	0
Gout	2	1	3	2	1	0	3	A2	B2	B2	C2	A2	A2	A2	A2	B2	B2	1	1	1
Disorders of magnesium metabolism	0	0	0	0	0	0	0	A3	D4	D4	D4	C3	C3	C3	D4	D4	D4	0	0	0
Disorders of phosphorus metabolism	0	0	0	0	0	0	0	B3	D4	D4	D4	C3	C3	C3	D3	D4	D4	0	0	0
Pseudohypoparathyroidism	0	0	0	0	0	0	0	B3	D4	D4	D4	C3	C3	C3	D3	D3	D4	0	0	0

Malignant neoplasm of thyroid gland

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention		

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	2
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	0

Malignant neoplasm of adrenal gland

GP's Tasks in IRAN

Diagnosis	Diagnosis is not a GP's task.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level four</i>	<i>No need to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level three</i>	<i>Nice to know</i>
Paraclinic	<i>Level three</i>	<i>Nice to know</i>
Diagnostic approach	<i>Level three</i>	<i>Nice to know</i>
Therapeutic approach	<i>Level two</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level four</i>	<i>No need to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Benign neoplasm of adrenal gland

GP's Tasks in IRAN

Diagnosis	Diagnosis is not a GP's task.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Nice to know</i>
Paraclinic	<i>Level three</i>	<i>Nice to know</i>
Diagnostic approach	<i>Level three</i>	<i>Nice to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Simple goiter

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening high risk people visited at office is a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Must know</i>
Pathophysiology	<i>Level two</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level two</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	5
Minimum required disease management under supervision of senior physician	2
Minimum required independent disease management:	2

Nontoxic nodular goiter

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening high risk people visited at office is a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Must know</i>
Pathophysiology	<i>Level two</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level two</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	4
Minimum required disease management under supervision of senior physician	2
Minimum required independent disease management:	2

Graves' disease

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on diagnosis.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	2
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	0

Congenital hypothyroidism

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is not possible or is not a GP's task.
Screening	The GP's task is to screen for high-risk groups in his/her undercover population.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level three</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Acquired hypothyroidism

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is a GP's task by risk factor screening, avoidance and treatment.
Screening	Screening high risk people visited at office is a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Better to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level two</i>	<i>Must know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	2
Minimum required disease management under supervision of senior physician	2
Minimum required independent disease management:	1

Thyroiditis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Cyst of thyroid

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level four</i>	<i>No need to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level four</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level four</i>	<i>No need to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Type 1 diabetes mellitus

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	In addition to general information, patient needs to learn a skill practically.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level two</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	3
Minimum required disease management under supervision of senior physician	2
Minimum required independent disease management:	1

Type 2 diabetes mellitus

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening high risk people visited at office is a GP's task.
Patient education	Patient education is necessary by educational pamphlets or booklets.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Nice to know</i>
Pathophysiology	<i>Level two</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level two</i>	<i>Must know</i>
Prevention	<i>Level two</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	3
Minimum required disease management under supervision of senior physician	3
Minimum required independent disease management:	2

Diabetic ketoacidosis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after stabilization.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level two</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	0

Diabetes with hyperosmolarity

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after stabilization.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level two</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Diabetes with renal manifestations

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening high risk people visited at office is a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Diabetes with ophthalmic manifestations

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Diabetes with neurological manifestations

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening high risk people visited at office is a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level two</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Diabetes with peripheral circulatory disorders

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening high risk people visited at office is a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	0

Diabetic hypoglycemia

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level two</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	1

Hyperparathyroidism

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Hypoparathyroidism

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Acromegaly and gigantism

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level four</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Panhypopituitarism

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Sheehan's syndrome

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level four</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Isolated deficiency of growth hormone

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level four</i>	<i>No need to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level four</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level four</i>	<i>No need to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Diabetes insipidus

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>No need to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level four</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Cushing's syndrome

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Better to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Hyperaldosteronism

GP's Tasks in IRAN

Diagnosis	Diagnosis is not a GP's task.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Nice to know</i>
Paraclinic	<i>Level three</i>	<i>Nice to know</i>
Diagnostic approach	<i>Level three</i>	<i>Nice to know</i>
Therapeutic approach	<i>Level four</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level four</i>	<i>No need to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Adrenogenital disorders

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level four</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level four</i>	<i>No need to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Corticoadrenal insufficiency

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level four</i>	<i>Nice to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Addisonian crisis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after stabilization.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Meduloadrenal hyperfunction

GP's Tasks in IRAN

Diagnosis	Diagnosis is not a GP's task.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Nice to know</i>
Paraclinic	<i>Level three</i>	<i>Nice to know</i>
Diagnostic approach	<i>Level three</i>	<i>Nice to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Polycystic ovaries

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	1

Testicular dysfunction

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Delay in sexual development and puberty

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level four</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level four</i>	<i>No need to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

constitutional dwarfism

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Vitamin D deficiency

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Nice to know</i>
Pathophysiology	<i>Level two</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level two</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Rickets

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Advanced conclusive treatment is a GP's task.
Referral	The patient must be referred after primary or conclusive treatment, if complications occur.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening high risk people visited at office is a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level two</i>	<i>Must know</i>
Prevention	<i>Level two</i>	<i>Must know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Osteomalacia

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Nice to know</i>
Etiology	<i>Level two</i>	<i>Nice to know</i>
Pathophysiology	<i>Level two</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level two</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Pure hypercholesterolemia

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Advanced conclusive treatment is a GP's task.
Referral	The patient must be referred after primary or conclusive treatment, if complications occur.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening high risk people visited at office is a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level two</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level two</i>	<i>Must know</i>
Prevention	<i>Level two</i>	<i>Must know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	2
Minimum required disease management under supervision of senior physician	2
Minimum required independent disease management:	2

Familial hypercholesterolemia

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level two</i>	<i>Must know</i>
Prevention	<i>Level two</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Pure hypertriglyceridemia

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Advanced conclusive treatment is a GP's task.
Referral	The patient must be referred after primary or conclusive treatment, if complications occur.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening high risk people visited at office is a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Must know</i>
Etiology	<i>Level two</i>	<i>Must know</i>
Pathophysiology	<i>Level two</i>	<i>Must know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level two</i>	<i>Must know</i>
Prevention	<i>Level two</i>	<i>Must know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	2
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	1

Mixed hyperlipidemia

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Advanced conclusive treatment is a GP's task.
Referral	The patient must be referred after primary or conclusive treatment, if complications occur.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening high risk people visited at office is a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Must know</i>
Etiology	<i>Level two</i>	<i>Must know</i>
Pathophysiology	<i>Level two</i>	<i>Must know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level two</i>	<i>Must know</i>
Prevention	<i>Level two</i>	<i>Must know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	2
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	1

Hyperchylomicronemia

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level two</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Gout

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is necessary by educational pamphlets or booklets.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level two</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level two</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	1

Disorders of magnesium metabolism

GP's Tasks in IRAN

Diagnosis	Diagnosis is not a GP's task.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Must know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level four</i>	<i>No need to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level three</i>	<i>Nice to know</i>
Paraclinic	<i>Level three</i>	<i>Nice to know</i>
Diagnostic approach	<i>Level three</i>	<i>Nice to know</i>
Therapeutic approach	<i>Level four</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level four</i>	<i>No need to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Disorders of phosphorus metabolism

GP's Tasks in IRAN

Diagnosis	Diagnosis is not a GP's task.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level four</i>	<i>No need to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level three</i>	<i>Nice to know</i>
Paraclinic	<i>Level three</i>	<i>Nice to know</i>
Diagnostic approach	<i>Level three</i>	<i>Nice to know</i>
Therapeutic approach	<i>Level three</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level four</i>	<i>No need to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Pseudohypoparathyroidism

GP's Tasks in IRAN

Diagnosis	Diagnosis is not a GP's task.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level four</i>	<i>No need to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level three</i>	<i>Nice to know</i>
Paraclinic	<i>Level three</i>	<i>Nice to know</i>
Diagnostic approach	<i>Level three</i>	<i>Nice to know</i>
Therapeutic approach	<i>Level three</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level three</i>	<i>No need to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Obesity

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening high risk people visited at office is a GP's task.
Patient education	Patient education is necessary by educational pamphlets or booklets.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Must know</i>
Etiology	<i>Level two</i>	<i>Must know</i>
Pathophysiology	<i>Level two</i>	<i>Must know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level two</i>	<i>Must know</i>
Prevention	<i>Level two</i>	<i>Must know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	2
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	1

Hypervitaminosis D

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level four</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Nice to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Anorexia nervosa

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level four</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Abnormal glucose tolerance

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening high risk people visited at office is a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	2
Minimum required independent disease management:	1

Hyperandrogenic disorders in female

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on diagnosis.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Must know</i>
Pathophysiology	<i>Level two</i>	<i>Must know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Better to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	1

Osteoporosis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening high risk people visited at office is a GP's task.
Patient education	Patient education is necessary by educational pamphlets or booklets.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level two</i>	<i>Must know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level two</i>	<i>Must know</i>
Prevention	<i>Level two</i>	<i>Must know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	2
Minimum required independent disease management:	2

GASTROENTEROLOGY

	General Practitioner Tasks							Theoretical Clinical Educational Needs										Practical Educational Needs		
GASTROENTEROLOGY	Diagnosis	Treatment	Referral	Follow up	Prevention	Screening	Patient Education	Definition	Epidemiology	Etiology	Pathophysiology	Clinical manifes.	Paraclinic	Diagnostic app.	Therapeutic app.	Complication	Prevention	Observation	Collaboration	Independent
DISEASES																				
Salmonella gastroenteritis	2	2	4	1	1	0	1	A2	B3	B2	B2	A2	A3	A2	A2	B3	B2	1	1	0
Shigellosis	2	2	4	1	1	0	1	A2	B3	B3	B3	A2	A2	A2	A2	B3	B3	1	1	0
Food poisoning	2	2	4	1	1	0	1	A2	A2	A2	A2	A2	A3	A2	A2	A3	A2	1	1	2
Amebiasis	2	2	4	1	1	0	1	A2	A2	B2	B2	A2	A2	A2	A2	A2	A2	1	1	0
Giardiasis	2	2	4	1	1	0	1	A2	A2	A2	A2	A2	A2	A2	A2	A3	A2	2	2	1
Extrapulmonary tuberculosis	2	0	0	4	2	0	1	A1	B2	B2	B2	A1	A2	A2	C2	C3	B2	0	0	0
Viral hepatitis A	2	2	4	2	1	0	1	A3	A2	A3	B2	A2	A1	A1	A1	A3	A2	1	1	0
Viral hepatitis B	2	0	1	0	2	1	1	A2	A2	A3	B2	A2	A1	A1	C1	A3	A2	2	1	0
Viral hepatitis C	2	0	1	0	1	1	1	A2	A2	A3	B2	A2	A1	A1	C1	A3	A2	1	1	0
Viral hepatitis delta	0	0	0	0	0	0	0	B3	C3	C3	C3	C3	C3	C3	C3	C3	C2	0	0	0
Viral hepatitis E	0	0	0	0	0	0	0	B3	C3	C3	C3	C3	C3	C3	C3	C3	C2	0	0	0
Fascioliasis	2	0	0	0	1	0	0	A3	C3	C3	C3	B2	B2	B2	C2	C2	B2	0	0	0

	General Practitioner Tasks							Theoretical Clinical Educational Needs									Practical Educational Needs			
GASTROENTEROLOGY	Diagnosis	Treatment	Referral	Follow up	Prevention	Screening	Patient Education	Definition	Epidemiology	Etiology	Pathophysiology	Clinical manifes.	Paraclinic	Diagnostic app.	Therapeutic app.	Complication	Prevention	Observation	Collaboration	Independent
DISEASES																				
Echinococcosis	2	0	0	0	1	0	0	A3	B3	B3	B3	A2	B2	B2	C2	C2	B1	0	0	0
Ascariasis	2	2	4	1	1	0	1	A2	A3	A3	A2	A2	A2	A2	A2	A3	A2	1	1	1
Malignant neoplasm of esophagus	1	0	0	0	0	0	0	A2	A2	C3	C2	A2	B2	A2	C4	B3	A2	0	0	0
Malignant neoplasm of stomach	1	0	0	0	0	0	0	A2	B2	B2	C3	A2	B2	B2	C3	B3	B2	1	0	0
Malignant neoplasm of small intestine,	0	0	0	0	0	0	0	B3	C3	C3	C3	C2	C3	C3	D4	C4	C3	0	0	0
Malignant neoplasm of colon	1	0	0	0	0	1	0	A2	B2	C3	C3	A2	B2	A2	C3	C3	B2	1	0	0
Malignant neoplasm of rectum, rectosigmoid junction, and anus	1	0	0	0	0	0	0	A2	B2	B2	C2	A2	B2	A2	C3	C4	A2	1	0	0
Malignant neoplasm of liver and intrahepatic bile ducts	2	0	0	0	1	0	0	A3	B2	C2	C2	A2	B2	B2	D4	C2	B2	0	0	0
Malignant neoplasm of gallbladder and extrahepatic bile ducts	2	0	0	0	0	0	0	C3	D4	D4	D4	B3	B3	B3	D4	D4	D4	0	0	0
Malignant neoplasm of pancreas	2	0	0	0	0	0	0	B3	C3	C3	C3	B2	B2	B3	C3	C3	C3	1	0	0
Benign neoplasm of esophagus	0	0	0	0	0	0	0	C4	D4	D4	D4	C4	D4	D4	D4	D4	D4	0	0	0
Benign neoplasm of Stomach	0	0	0	0	0	0	0	C3	D4	D4	D4	C3	D4	D4	D4	D4	D4	0	0	0

	General Practitioner Tasks							Theoretical Clinical Educational Needs									Practical Educational Needs			
GASTROENTEROLOGY	Diagnosis	Treatment	Referral	Follow up	Prevention	Screening	Patient Education	Definition	Epidemiology	Etiology	Pathophysiology	Clinical manifes.	Paraclinic	Diagnostic app.	Therapeutic app.	Complication	Prevention	Observation	Collaboration	Independent
DISEASES																				
Benign neoplasm of duodenum, jejunum, and ileum	0	0	0	0	0	0	0	C3	D4	D4	D4	C3	D4	D4	D4	D4	D4	0	0	0
Benign neoplasm of colon	1	0	0	0	0	0	0	B2	C3	C4	C4	B2	B2	B2	D4	C4	D4	1	0	0
Benign neoplasm of rectum and anal canal	1	0	0	0	0	0	0	A3	B2	B2	C3	A3	A3	A3	C3	C3	B3	1	0	0
Benign neoplasm of liver and biliary passages	2	0	0	0	0	0	0	B3	C4	C4	C4	B2	B2	B4	C4	C4	B3	0	0	0
Carcinoid syndrome	1	0	0	0	0	0	0	B2	D3	D3	D3	B2	B3	B2	C3	C3	C3	0	0	0
Hemochromatosis	1	0	0	0	0	0	0	B2	D3	D3	D3	B2	B2	B2	D3	C2	D4	0	0	0
Wilson's disease	2	0	0	0	0	0	0	B1	C3	C3	C3	B2	B2	B2	C3	C3	D4	0	0	0
Congenital hyperbilirubinemia	2	0	0	0	0	0	0	B3	C3	C3	C3	B2	B2	B2	D4	D4	D4	0	0	0
Gilbert's Syndrome	2	1	3	1	0	0	1	A2	B3	B3	C3	A2	A2	A2	B2	C3	C3	1	0	0
Alpha 1-antitrypsin deficiency	0	0	0	0	0	0	0	B3	D4	D4	D4	C3	C3	C3	D4	D4	D4	0	0	0
Budd-chiari syndrome	0	0	0	0	0	0	0	C3	D4	D4	D4	C3	C3	C3	D4	D4	D4	0	0	0
Esophageal variceal bleeding	1	1	2	0	0	0	0	B2	C3	C3	C3	B2	B3	B2	B2	B2	B2	0	0	0

	General Practitioner Tasks							Theoretical Clinical Educational Needs									Practical Educational Needs			
GASTROENTEROLOGY	Diagnosis	Treatment	Referral	Follow up	Prevention	Screening	Patient Education	Definition	Epidemiology	Etiology	Pathophysiology	Clinical manifes.	Paraclinic	Diagnostic app.	Therapeutic app.	Complication	Prevention	Observation	Collaboration	Independent
DISEASES																				
Achalasia and cardiospasm	1	0	0	0	0	0	0	B2	C3	C3	C3	B2	B2	B3	C2	C3	C3	0	0	0
Esophagitis	1	1	3	2	0	0	1	A2	A2	B2	C3	A2	B2	B2	A2	A2	A2	1	1	0
Stricture and stenosis of esophagus	1	0	0	0	0	0	0	C3	D4	C3	D4	B3	B4	B4	D4	D4	D4	0	0	0
Diverticulum of esophagus	0	0	0	0	0	0	0	C3	D4	D4	D4	C3	C3	C3	D4	D4	C3	0	0	0
Mallory-Weiss syndrome	1	1	2	0	0	0	0	B2	C3	C3	C3	B2	B2	B2	B4	C4	C3	0	0	0
Gastroesophageal reflux	1	1	3	2	0	0	3	A2	B2	A2	B2	A1	A2	A2	A2	A2	A2	3	2	2
Gastric ulcer	2	1	3	2	0	0	1	A2	B2	B2	B2	A2	A2	A2	A2	B2	B2	1	1	1
Duodenal ulcer	2	1	3	2	0	0	1	A2	B2	B2	B2	A2	A2	A2	A2	B2	B2	1	1	2
Gastritis and duodenitis	1	1	3	1	0	0	1	A2	B2	B2	B2	A2	A2	A2	A2	B2	B2	1	1	1
Crohn's disease	1	0	0	0	0	0	0	A2	C2	C2	C2	B2	B2	B2	C2	B3	C3	0	0	0
Ulcerative colitis	1	0	0	0	0	0	0	A3	C3	C3	C3	A2	B3	B3	C3	C3	D4	0	0	0
Vascular insufficiency of intestine	1	0	0	0	0	0	0	B2	C3	C3	C4	B2	B2	B2	D4	C3	D3	0	0	0

		General Practitioner Tasks						Theoretical Clinical Educational Needs										Practical Educational Needs			
GASTROENTEROLOGY	DISEASES	Diagnosis	Treatment	Referral	Follow up	Prevention	Screening	Patient Education	Definition	Epidemiology	Etiology	Pathophysiology	Clinical manifes.	Paraclinic	Diagnostic app.	Therapeutic app.	Complication	Prevention	Observation	Collaboration	Independent
Intestinal obstruction		2	1	2	0	0	0	0	B3	C3	C3	C3	B3	B3	B3	B3	C3	D4	1	0	0
Diverticula of intestine		0	0	0	0	0	0	0	B3	C3	C3	C3	C3	C3	C3	C3	D4	D4	0	0	0
Pseudo membranous Colitis		2	0	0	0	0	0	0	A2	C3	A3	C3	A2	A2	A2	C2	B2	A2	0	0	0
Irritable bowel syndrome		2	2	4	2	0	0	3	A2	B2	B2	B2	A1	A2	A2	A1	A2	A2	2	2	2
Anal fissure		1	1	3	1	0	0	1	A3	B3	B3	C3	A3	B3	A2	A2	A3	A2	1	1	1
Anal fistula		1	0	1	0	0	0	0	A3	C3	C3	C3	B3	B3	B3	D4	D4	C3	0	0	0
Anal and rectal polyp		1	0	0	0	0	0	0	A3	C3	C3	C3	A3	B3	B3	C3	C3	C3	0	0	0
Rectal prolapse		1	0	1	0	0	0	0	B2	C3	C3	C3	B2	B2	B2	C3	C3	C3	0	0	0
Acute hepatic failure		1	0	0	0	0	0	0	A2	C3	B3	C3	A2	A2	A2	C2	B2	B2	1	0	0
Cirrhosis of liver		2	0	0	0	0	0	0	A3	C3	B3	C3	A2	A2	B3	C3	B3	C3	1	1	0
Chronic hepatitis		2	0	0	0	0	0	0	A2	C2	B2	C2	A2	A2	B3	C3	C3	B3	1	0	0
Fatty liver		2	0	0	0	1	0	0	B2	C3	B2	C3	B2	B2	B2	C2	C3	C3	1	0	0

	General Practitioner Tasks							Theoretical Clinical Educational Needs									Practical Educational Needs			
GASTROENTEROLOGY	Diagnosis	Treatment	Referral	Follow up	Prevention	Screening	Patient Education	Definition	Epidemiology	Etiology	Pathophysiology	Clinical manifes.	Paraclinic	Diagnostic app.	Therapeutic app.	Complication	Prevention	Observation	Collaboration	Independent
DISEASES																				
Abscess of liver	2	0	0	0	0	0	0	B2	C3	C3	C4	B2	B2	B2	D4	D4	D4	0	0	0
Portal hypertension	1	0	0	0	0	0	0	A2	C3	B2	B2	A2	B2	B2	C4	B3	C3	1	0	0
Hepatorenal syndrome	1	0	0	0	0	0	0	B3	D4	D4	D4	B3	B4	B4	D4	C4	D4	0	0	0
Cholelithiasis	2	0	1	0	0	0	0	A2	C3	B3	C3	A2	A2	A2	C3	C3	B3	1	0	0
Acute cholecystitis	2	0	0	0	0	0	0	A2	C3	B3	C3	A2	A2	A2	C3	C3	C3	1	0	0
Chronic cholecystitis	2	0	0	0	0	0	0	B2	C3	C3	C3	B2	B2	B2	C3	C3	C3	0	0	0
Cholangitis	1	0	0	0	0	0	0	B2	C3	C3	C3	B2	B2	B2	C3	C3	C3	0	0	0
Obstuction of bile duct	2	0	0	0	0	0	0	B2	C3	B2	C3	B3	B3	B3	C3	C3	C3	1	0	0
Acute pancreatitis	2	0	0	0	0	0	0	A2	C3	B3	C3	A2	B2	A2	C3	C3	C3	0	0	0
Chronic pancreatitis	1	0	0	0	0	0	0	B2	C3	C3	C3	B2	B2	B3	D4	C3	D4	0	0	0
Cyst and pseudocyst of pancreas	0	0	0	0	0	0	0	C3	D4	C3	D4	C3	C3	C3	D4	D4	D4	0	0	0
Intestinal malabsorption	2	0	0	0	0	0	0	A3	C3	B3	C3	A2	A2	B2	C3	C3	D3	0	0	0

		General Practitioner Tasks							Theoretical Clinical Educational Needs										Practical Educational Needs		
GASTROENTEROLOGY		Diagnosis	Treatment	Referral	Follow up	Prevention	Screening	Patient Education	Definition	Epidemiology	Etiology	Pathophysiology	Clinical manifes.	Paraclinic	Diagnostic app.	Therapeutic app.	Complication	Prevention	Observation	Collaboration	Independent
DISEASES																					
Celiac disease		2	0	0	0	0	0	0	A2	C3	C3	B3	B2	B2	B2	C2	B3	C3	0	0	0
Foreign body in esophagus		2	0	1	0	0	0	0	B2	C3	C3	C3	B2	B2	B2	C3	C3	C3	0	0	0
Foreign body in stomach		2	0	1	0	0	0	0	B2	C3	C3	C3	B3	B3	B3	C3	B2	C3	0	0	0
Foreign body in intestine and colon		2	0	1	0	0	0	0	B3	C3	C3	C3	B3	B3	B3	C3	C3	D4	0	0	0
Foreign body in anus and rectum		2	0	1	0	0	0	0	A3	B3	B3	B3	A2	A2	A2	C2	B2	B3	0	0	0

Salmonella gastroenteritis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Advanced conclusive treatment is a GP's task.
Referral	The patient must be referred after primary or conclusive treatment, if complications occur.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level two</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level three</i>	<i>Better to know</i>
Prevention	<i>Level two</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	0

Shigellosis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Advanced conclusive treatment is a GP's task.
Referral	The patient must be referred after primary or conclusive treatment, if complications occur.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level three</i>	<i>Better to know</i>
Prevention	<i>Level three</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	0

Food poisoning

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Advanced conclusive treatment is a GP's task.
Referral	The patient must be referred after primary or conclusive treatment, if complications occur.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Must know</i>
Etiology	<i>Level two</i>	<i>Must know</i>
Pathophysiology	<i>Level two</i>	<i>Must know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level three</i>	<i>Must know</i>
Prevention	<i>Level two</i>	<i>Must know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	2

Amebiasis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Advanced conclusive treatment is a GP's task.
Referral	The patient must be referred after primary or conclusive treatment, if complications occur.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Must know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level two</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level two</i>	<i>Must know</i>
Prevention	<i>Level two</i>	<i>Must know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	0

Giardiasis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Advanced conclusive treatment is a GP's task.
Referral	The patient must be referred after primary or conclusive treatment, if complications occur.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Must know</i>
Etiology	<i>Level two</i>	<i>Must know</i>
Pathophysiology	<i>Level two</i>	<i>Must know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level three</i>	<i>Must know</i>
Prevention	<i>Level two</i>	<i>Must know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	2
Minimum required disease management under supervision of senior physician	2
Minimum required independent disease management:	1

Extrapulmonary tuberculosis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	The patient must be followed in his/her home for direct supervision on medication.
Prevention	Prevention is a GP's task by vaccination.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level one</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level two</i>	<i>Better to know</i>
Clinical manifestation	<i>Level one</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level two</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Viral hepatitis A

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Advanced conclusive treatment is a GP's task.
Referral	The patient must be referred after primary or conclusive treatment, if complications occur.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Must know</i>
Etiology	<i>Level three</i>	<i>Must know</i>
Pathophysiology	<i>Level two</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level one</i>	<i>Must know</i>
Diagnostic approach	<i>Level one</i>	<i>Must know</i>
Therapeutic approach	<i>Level one</i>	<i>Must know</i>
Complication-Prognosis	<i>Level three</i>	<i>Must know</i>
Prevention	<i>Level two</i>	<i>Must know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	0

Viral hepatitis B

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on diagnosis.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is a GP's task by vaccination.
Screening	Screening high risk people visited at office is a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Must know</i>
Etiology	<i>Level three</i>	<i>Must know</i>
Pathophysiology	<i>Level two</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level one</i>	<i>Must know</i>
Diagnostic approach	<i>Level one</i>	<i>Must know</i>
Therapeutic approach	<i>Level one</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Must know</i>
Prevention	<i>Level two</i>	<i>Must know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	2
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	0

Viral hepatitis C

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on diagnosis.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening high risk people visited at office is a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Must know</i>
Etiology	<i>Level three</i>	<i>Must know</i>
Pathophysiology	<i>Level two</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level one</i>	<i>Must know</i>
Diagnostic approach	<i>Level one</i>	<i>Must know</i>
Therapeutic approach	<i>Level one</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Must know</i>
Prevention	<i>Level two</i>	<i>Must know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	0

Viral hepatitis delta

GP's Tasks in IRAN

Diagnosis	Diagnosis is not a GP's task.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Nice to know</i>
Paraclinic	<i>Level three</i>	<i>Nice to know</i>
Diagnostic approach	<i>Level three</i>	<i>Nice to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level two</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Viral hepatitis E

GP's Tasks in IRAN

Diagnosis	Diagnosis is not a GP's task.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Nice to know</i>
Paraclinic	<i>Level three</i>	<i>Nice to know</i>
Diagnostic approach	<i>Level three</i>	<i>Nice to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level two</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Fascioliasis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Nice to know</i>
Prevention	<i>Level two</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Echinococcosis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Nice to know</i>
Prevention	<i>Level one</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Ascariasis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Advanced conclusive treatment is a GP's task.
Referral	The patient must be referred after primary or conclusive treatment, if complications occur.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Must know</i>
Etiology	<i>Level three</i>	<i>Must know</i>
Pathophysiology	<i>Level two</i>	<i>Must know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level three</i>	<i>Must know</i>
Prevention	<i>Level two</i>	<i>Must know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	1

Malignant neoplasm of esophagus

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Must know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level two</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level four</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Better to know</i>
Prevention	<i>Level two</i>	<i>Must know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Malignant neoplasm of stomach

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Better to know</i>
Prevention	<i>Level two</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Malignant neoplasm of small intestine,

GP's Tasks in IRAN

Diagnosis	Diagnosis is not a GP's task.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Nice to know</i>
Paraclinic	<i>Level three</i>	<i>Nice to know</i>
Diagnostic approach	<i>Level three</i>	<i>Nice to know</i>
Therapeutic approach	<i>Level four</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level four</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Malignant neoplasm of colon

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening high risk people visited at office is a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level two</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Malignant neoplasm of rectum, rectosigmoid junction, and anus

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level two</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level four</i>	<i>Nice to know</i>
Prevention	<i>Level two</i>	<i>Must know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Malignant neoplasm of liver and intrahepatic bile ducts

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Nice to know</i>
Pathophysiology	<i>Level two</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level four</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Nice to know</i>
Prevention	<i>Level two</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Malignant neoplasm of gallbladder and extrahepatic bile ducts

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Nice to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level four</i>	<i>No need to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level four</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level four</i>	<i>No need to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Malignant neoplasm of pancreas

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Benign neoplasm of esophagus

GP's Tasks in IRAN

Diagnosis	Diagnosis is not a GP's task.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level four</i>	<i>Nice to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level four</i>	<i>No need to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level four</i>	<i>Nice to know</i>
Paraclinic	<i>Level four</i>	<i>No need to know</i>
Diagnostic approach	<i>Level four</i>	<i>No need to know</i>
Therapeutic approach	<i>Level four</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level four</i>	<i>No need to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Benign neoplasm of Stomach

GP's Tasks in IRAN

Diagnosis	Diagnosis is not a GP's task.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Nice to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level four</i>	<i>No need to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level three</i>	<i>Nice to know</i>
Paraclinic	<i>Level four</i>	<i>No need to know</i>
Diagnostic approach	<i>Level four</i>	<i>No need to know</i>
Therapeutic approach	<i>Level four</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level four</i>	<i>No need to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Benign neoplasm of duodenum, jejunum, and ileum

GP's Tasks in IRAN

Diagnosis	Diagnosis is not a GP's task.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Nice to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level four</i>	<i>No need to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level three</i>	<i>Nice to know</i>
Paraclinic	<i>Level four</i>	<i>No need to know</i>
Diagnostic approach	<i>Level four</i>	<i>No need to know</i>
Therapeutic approach	<i>Level four</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level four</i>	<i>No need to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Benign neoplasm of colon

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level four</i>	<i>Nice to know</i>
Pathophysiology	<i>Level four</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level four</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level four</i>	<i>Nice to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Benign neoplasm of rectum and anal canal

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Must know</i>
Diagnostic approach	<i>Level three</i>	<i>Must know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Benign neoplasm of liver and biliary passages

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level four</i>	<i>Nice to know</i>
Etiology	<i>Level four</i>	<i>Nice to know</i>
Pathophysiology	<i>Level four</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level four</i>	<i>Better to know</i>
Therapeutic approach	<i>Level four</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level four</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Carcinoid syndrome

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>No need to know</i>
Etiology	<i>Level three</i>	<i>No need to know</i>
Pathophysiology	<i>Level three</i>	<i>No need to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Hemochromatosis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>No need to know</i>
Etiology	<i>Level three</i>	<i>No need to know</i>
Pathophysiology	<i>Level three</i>	<i>No need to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Nice to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Wilson's disease

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level one</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Congenital hyperbilirubinemia

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level four</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level four</i>	<i>No need to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Gilbert's Syndrome

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Alpha 1-antitrypsin deficiency

GP's Tasks in IRAN

Diagnosis	Diagnosis is not a GP's task.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level four</i>	<i>No need to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level three</i>	<i>Nice to know</i>
Paraclinic	<i>Level three</i>	<i>Nice to know</i>
Diagnostic approach	<i>Level three</i>	<i>Nice to know</i>
Therapeutic approach	<i>Level four</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level four</i>	<i>No need to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Budd-chiari syndrome

GP's Tasks in IRAN

Diagnosis	Diagnosis is not a GP's task.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Nice to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level four</i>	<i>No need to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level three</i>	<i>Nice to know</i>
Paraclinic	<i>Level three</i>	<i>Nice to know</i>
Diagnostic approach	<i>Level three</i>	<i>Nice to know</i>
Therapeutic approach	<i>Level four</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level four</i>	<i>No need to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Esophageal variceal bleeding

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after stabilization.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level two</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Achalasia and cardiospasm

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Esophagitis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Must know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level two</i>	<i>Must know</i>
Prevention	<i>Level two</i>	<i>Must know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	0

Stricture and stenosis of esophagus

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Nice to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level four</i>	<i>Better to know</i>
Diagnostic approach	<i>Level four</i>	<i>Better to know</i>
Therapeutic approach	<i>Level four</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level four</i>	<i>No need to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Diverticulum of esophagus

GP's Tasks in IRAN

Diagnosis	Diagnosis is not a GP's task.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Nice to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level four</i>	<i>No need to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level three</i>	<i>Nice to know</i>
Paraclinic	<i>Level three</i>	<i>Nice to know</i>
Diagnostic approach	<i>Level three</i>	<i>Nice to know</i>
Therapeutic approach	<i>Level four</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level four</i>	<i>No need to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Mallory-Weiss syndrome

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after stabilization.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level four</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level four</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Gastroesophageal reflux

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is necessary by educational pamphlets or booklets.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Must know</i>
Pathophysiology	<i>Level two</i>	<i>Better to know</i>
Clinical manifestation	<i>Level one</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level two</i>	<i>Must know</i>
Prevention	<i>Level two</i>	<i>Must know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	3
Minimum required disease management under supervision of senior physician	2
Minimum required independent disease management:	2

Gastric ulcer

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level two</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level two</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	1

Duodenal ulcer

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level two</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level two</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	2

Gastritis and duodenitis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level two</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level two</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	1

Crohn's disease

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Nice to know</i>
Etiology	<i>Level two</i>	<i>Nice to know</i>
Pathophysiology	<i>Level two</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Better to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Ulcerative colitis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Vascular insufficiency of intestine

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level four</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level four</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Intestinal obstruction

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after stabilization.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Diverticula of intestine

GP's Tasks in IRAN

Diagnosis	Diagnosis is not a GP's task.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Nice to know</i>
Paraclinic	<i>Level three</i>	<i>Nice to know</i>
Diagnostic approach	<i>Level three</i>	<i>Nice to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level four</i>	<i>No need to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Pseudo membranous Colitis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Must know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level two</i>	<i>Must know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Irritable bowel syndrome

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Advanced conclusive treatment is a GP's task.
Referral	The patient must be referred after primary or conclusive treatment, if complications occur.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is necessary by educational pamphlets or booklets.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level two</i>	<i>Better to know</i>
Clinical manifestation	<i>Level one</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level one</i>	<i>Must know</i>
Complication-Prognosis	<i>Level two</i>	<i>Must know</i>
Prevention	<i>Level two</i>	<i>Must know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	2
Minimum required disease management under supervision of senior physician	2
Minimum required independent disease management:	2

Anal fissure

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level three</i>	<i>Must know</i>
Prevention	<i>Level two</i>	<i>Must know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	1

Anal fistula

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on diagnosis.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level four</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level four</i>	<i>No need to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Anal and rectal polyp

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Rectal prolapse

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on diagnosis.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Acute hepatic failure

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level two</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Cirrhosis of liver

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Better to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	0

Chronic hepatitis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Nice to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level two</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Fatty liver

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Abscess of liver

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level four</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level four</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level four</i>	<i>No need to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Portal hypertension

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level two</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level four</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Better to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Hepatorenal syndrome

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level four</i>	<i>No need to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level four</i>	<i>Better to know</i>
Diagnostic approach	<i>Level four</i>	<i>Better to know</i>
Therapeutic approach	<i>Level four</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level four</i>	<i>Nice to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Cholelithiasis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on diagnosis.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Acute cholecystitis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Chronic cholecystitis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Cholangitis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Obstruction of bile duct

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Acute pancreatitis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Chronic pancreatitis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level four</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Cyst and pseudocyst of pancreas

GP's Tasks in IRAN

Diagnosis	Diagnosis is not a GP's task.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Nice to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level three</i>	<i>Nice to know</i>
Paraclinic	<i>Level three</i>	<i>Nice to know</i>
Diagnostic approach	<i>Level three</i>	<i>Nice to know</i>
Therapeutic approach	<i>Level four</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level four</i>	<i>No need to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Intestinal malabsorption

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Celiac disease

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Better to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Foreign body in esophagus

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on diagnosis.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Foreign body in stomach

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on diagnosis.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Foreign body in intestine and colon

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on diagnosis.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Foreign body in anus and rectum

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on diagnosis.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level three</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

GYNAECOLOGY and OBSTETRICS

GYNAECOLOGY and OBSTETRICS <i>DISEASES</i>	General Practitioner Tasks							Theoretical Clinical Educational Needs										Practical Educational Needs		
	Diagnosis	Treatment	Referral	Follow up	Prevention	Screening	Patient Education	Definition	Epidemiology	Etiology	Pathophysiology	Clinical manifes.	Paraclinic	Diagnostic app.	Therapeutic app.	Complication	Prevention	Observation	Collaboration	Independent
Tuberculous oophoritis and salpingitis	0	0	0	0	0	0	0	B3	C3	B3	C3	C3	C2	C2	C3	C3	A3	0	0	0
Genital herpes	1	2	4	1	1	0	1	A2	B2	B2	C3	A2	B2	B2	B2	C2	C2	0	0	0
Condyloma acuminatum	1	0	0	0	0	0	0	B2	C2	C2	C3	B2	B2	B2	C2	B2	C3	0	0	0
Early syphilis	2	1	3	1	1	1	1	A2	B3	B3	B3	A2	A2	A2	B2	B2	A2	0	0	0
Genital chancre	2	1	3	1	1	0	1	A2	B2	B2	B2	A2	A2	A2	B2	B2	A2	0	0	0
Chancroid	1	0	0	0	1	0	0	A2	B2	C3	C3	B3	B3	A2	C3	C3	B3	0	0	0
Dyspareunia	1	0	1	0	0	0	0	B2	C3	C3	B3	B2	B2	B2	C3	C2	D2	0	0	0
Trichomoniasis	2	2	4	2	1	0	1	A2	B2	A2	B2	A2	B2	B2	A2	B2	A2	1	1	1
Malignant neoplasm of female breast	1	0	0	0	0	1	1	A3	B3	C3	C3	A3	B3	B3	C3	C3	C3	0	0	0
Malignant neoplasm of uterus	1	0	0	0	0	0	0	A3	B3	C3	C3	A3	B3	B3	C3	C3	C3	0	0	0
Malignant neoplasm of cervix uteri	2	0	0	0	1	1	0	A3	B3	B3	C3	A3	B3	B3	C3	C3	A3	0	0	0
Choriocarcinoma	2	0	0	0	0	0	0	B3	C3	C3	C3	B3	B3	B3	C3	C3	B3	0	0	0

GYNAECOLOGY and OBSTETRICS DISEASES	General Practitioner Tasks							Theoretical Clinical Educational Needs									Practical Educational Needs			
	Diagnosis	Treatment	Referral	Follow up	Prevention	Screening	Patient Education	Definition	Epidemiology	Etiology	Pathophysiology	Clinical manifes.	Paraclinic	Diagnostic app.	Therapeutic app.	Complication	Prevention	Observation	Collaboration	Independent
Malignant neoplasm of ovary	2	0	0	0	0	0	0	B2	B2	C3	C3	A3	B3	B3	D3	D3	C3	0	0	0
Benign neoplasm of breast	2	0	0	0	0	0	0	A3	C3	C3	D4	A3	B3	A3	D4	D4	C3	0	0	0
Uterine leiomyoma	2	0	0	0	0	0	0	A2	B2	C3	C3	B2	B3	B2	C2	C2	B2	1	0	0
Benign neoplasm of cervix uteri	1	0	0	0	0	0	0	B2	D3	D3	D3	B2	B3	B3	D3	D3	D3	0	0	0
Benign neoplasm of ovary	2	0	0	0	0	0	0	B2	D4	D4	D4	B2	B2	B2	D2	D2	D4	1	0	0
Ovarian dysfunction	2	0	0	0	0	0	0	A3	D4	C2	B2	A2	B2	B2	D2	C2	D4	0	0	0
Polycystic ovaries	2	1	3	2	0	0	1	A2	B2	C3	C3	A2	A2	B2	B3	C3	C3	1	0	0
Mastitis	1	1	3	1	0	0	1	A2	B2	A2	C3	A2	B2	B2	A2	B2	B2	0	0	0
Pelvic inflammatory disease	1	0	0	0	0	0	0	B3	D3	D3	D3	B3	B3	B3	C3	D3	D3	0	0	0
Salpingitis and oophoritis	1	0	0	0	0	0	0	B3	D4	C3	D4	B3	B3	B3	C3	C3	C3	0	0	0
Endometritis	1	0	0	0	0	0	0	A2	C3	B2	C3	A3	B2	B2	C2	C3	C3	0	0	0
Cervicitis and endocervicitis	1	1	3	1	1	0	1	A2	B2	A2	C3	A2	B2	B2	A3	C3	C3	2	1	1

	General Practitioner Tasks							Theoretical Clinical Educational Needs									Practical Educational Needs			
GYNAECOLOGY and OBSTETRICS DISEASES	Diagnosis	Treatment	Referral	Follow up	Prevention	Screening	Patient Education	Definition	Epidemiology	Etiology	Pathophysiology	Clinical manifes.	Paraclinic	Diagnostic app.	Therapeutic app.	Complication	Prevention	Observation	Collaboration	Independent
Vaginitis and vulvovaginitis	1	1	3	1	1	0	1	A2	B2	A2	B2	A2	A2	A2	A3	B3	C3	2	1	1
Cyst of bartholin's gland	1	0	1	0	0	0	0	B2	D4	D4	D4	B2	B3	B3	C3	D4	D4	0	0	0
Endometriosis	1	0	0	0	0	0	0	A2	C3	C3	D3	A2	B2	B3	D3	D4	C3	0	0	0
Cystocele	1	0	1	0	0	0	0	B2	C3	C3	C3	B2	B3	B3	D4	D4	C3	0	0	0
Follicular luteum cyst or hematoma	2	0	0	0	0	0	0	A2	C3	C3	C3	a3	B2	B2	D3	C3	D4	0	0	0
Corpus leuteum cyst or hematoma	2	0	0	0	0	0	0	A2	C3	C3	C3	B2	B2	B2	D3	B3	D4	0	0	0
Torsion of ovary, ovarian pedicle, or fallopian tube	2	0	0	0	0	0	0	A2	D4	C3	C3	A2	B3	B2	C2	C3	D3	0	0	0
Polyp of corpus uteri	0	0	0	0	0	0	0	B2	D4	D4	D4	C2	D4	D4	C3	D4	D4	0	0	0
Hematometra	1	0	0	0	0	0	0	B2	C2	B2	C2	A2	B3	B3	C2	B2	D4	0	0	0
Dysplasia of cervix uteri	2	0	0	0	1	1	0	A2	B2	A2	C3	A2	A2	A2	D2	D2	B3	1	1	0
Dysmenorrhea	1	1	3	1	0	0	1	A2	A2	B2	B2	A2	A2	A2	A2	C2	C2	2	2	1
Infertility, female	1	0	0	0	0	0	0	A2	B3	B3	B3	B2	B2	B2	C3	D3	C3	1	1	0

GYNAECOLOGY and OBSTETRICS DISEASES	General Practitioner Tasks							Theoretical Clinical Educational Needs										Practical Educational Needs		
	Diagnosis	Treatment	Referral	Follow up	Prevention	Screening	Patient Education	Definition	Epidemiology	Etiology	Pathophysiology	Clinical manifes.	Paraclinic	Diagnostic app.	Therapeutic app.	Complication	Prevention	Observation	Collaboration	Independent
Hydatidiform mole	2	0	0	0	0	0	0	B2	C3	C3	C3	B2	B2	B2	C2	C3	C3	0	0	0
Blighted ovum	0	0	0	0	0	0	0	B3	D4	D4	D4	C3	C3	C3	D4	D4	D4	0	0	0
Missed abortion	2	0	0	0	0	0	0	B2	C3	C3	C3	B3	B3	B3	C3	C3	D4	0	0	0
Ectopic pregnancy	2	0	0	0	0	0	0	A2	B3	C3	C3	A2	A2	A2	C3	A3	C3	1	1	0
Spontaneous abortion	2	0	0	0	0	0	0	A2	B2	B2	C3	A2	A2	A2	C3	B3	B2	1	1	0
Illegally induced abortion	2	0	0	0	0	0	0	A2	B3	B2	B3	A2	A2	A2	C3	A3	C3	0	0	0
Failed attempted abortion	2	0	0	0	0	0	0	A3	A3	C3	C3	B3	B3	B3	D3	A2	C3	0	0	0
Gestational hypertension	2	1	3	2	0	1	1	A3	B3	A3	B3	A3	A3	A3	B3	A3	A3	1	1	1
Pre-eclampsia	2	0	1	2	0	1	1	A3	B3	B3	B3	A3	A3	A3	C3	A3	A3	1	1	0
Eclampsia	2	1	2	2	0	0	1	A1	B3	B3	B3	A1	A3	A3	A2	A2	A2	0	0	0
Hyperemesis gravidarum	1	0	1	2	0	0	1	A3	C3	C3	C3	A3	B2	B2	C3	A3	B3	0	0	0
Prolonged pregnancy	1	0	1	0	0	0	0	A3	C3	D4	D4	B3	B3	B3	C3	B3	C3	0	0	0

GYNAECOLOGY and OBSTETRICS <i>DISEASES</i>	General Practitioner Tasks							Theoretical Clinical Educational Needs										Practical Educational Needs		
	Diagnosis	Treatment	Referral	Follow up	Prevention	Screening	Patient Education	Definition	Epidemiology	Etiology	Pathophysiology	Clinical manifes.	Paraclinic	Diagnostic app.	Therapeutic app.	Complication	Prevention	Observation	Collaboration	Independent
Asymptomatic bacteriuria in pregnancy	2	1	3	2	0	1	1	A2	B3	B2	C3	A3	A3	A3	A3	B3	B3	1	1	1
Infections of genitourinary tract in pregnancy	2	1	3	2	0	0	1	A3	B2	B2	C3	A2	A2	A2	A2	A3	B3	1	1	0
Twin pregnancy	2	0	0	0	0	0	0	B2	C3	C3	C3	B2	B3	B3	C3	B3	D3	0	0	0
Malposition and malpresentation of fetus	2	0	0	0	0	0	0	B3	C3	C3	C3	B3	B3	B3	C3	B3	C3	0	0	0
Disproportion	0	0	0	0	0	0	0	B3	D4	D4	D4	C3	C3	C3	D4	C3	D4	0	0	0
Congenital abnormalities of uterus	0	0	0	0	0	0	0	B3	D4	D4	D4	C2	C3	C3	D3	D4	D3	0	0	0
Rectocele	1	0	1	0	0	0	0	B3	C3	C3	C3	B3	B4	B3	C3	B3	B3	0	0	0
Cervical incompetence	1	0	0	0	0	0	0	B2	D4	C3	D4	B2	B4	B4	D4	B3	D4	0	0	0
Decreased fetal movements	1	0	0	2	0	1	0	A3	B3	C3	C3	B3	B3	B3	C3	D4	D4	1	1	0
Rhesus isoimmunization	2	0	1	2	1	1	1	A2	C3	B3	B3	A2	B3	A3	C3	B3	C3	0	0	0
Fetal distress	1	0	0	0	0	1	0	A3	C3	B3	C3	B3	B3	B3	C3	C3	C3	2	1	0
Intrauterine death	2	0	1	0	0	0	0	B3	D3	C3	C3	B3	B3	B3	C3	B3	C3	0	0	0

GYNAECOLOGY and OBSTETRICS <i>DISEASES</i>	General Practitioner Tasks							Theoretical Clinical Educational Needs										Practical Educational Needs		
	Diagnosis	Treatment	Referral	Follow up	Prevention	Screening	Patient Education	Definition	Epidemiology	Etiology	Pathophysiology	Clinical manifes.	Paraclinic	Diagnostic app.	Therapeutic app.	Complication	Prevention	Observation	Collaboration	Independent
Poor fetal growth	1	0	0	2	0	1	0	A3	C3	C3	C3	A3	B3	B3	C3	C3	C3	0	0	0
Excessive fetal growth	1	0	0	2	0	1	0	A3	C3	C3	C3	A3	B3	B3	C3	C3	C3	0	0	0
Meconium in liquor	1	0	1	0	0	0	0	B3	C3	C3	C3	B3	B3	B3	C3	B3	B3	0	0	0
Polyhydramnios	2	0	0	2	0	0	0	B3	C3	C3	C3	B3	B3	B3	C3	B3	C3	0	0	0
Oligohydramnios	2	0	0	2	0	0	0	B3	C3	C3	C3	B3	B3	B3	C3	B3	B3	0	0	0
Grand multiparity	1	0	1	1	0	0	1	B3	C3	C3	C3	B3	B3	B3	C2	B3	C3	0	0	0
Labor obstruction by bony pelvis	1	0	0	0	0	0	0	B2	C3	C3	B2	B2	B2	B2	C3	B3	D4	0	0	0
Labor obstruction by abnormal pelvic soft tissues	1	0	0	0	0	0	0	B3	D4	C3	C3	B3	B4	B4	C3	B3	D4	0	0	0
Shoulder dystocia	1	0	0	0	0	0	0	B2	C3	C3	C3	B2	B3	B2	C3	B3	D4	0	0	0
Primary uterine inertia	1	1	3	1	0	0	1	A2	B3	B2	B3	A2	B3	A2	A2	A2	C3	1	1	0
Secondary uterine inertia	1	0	0	0	0	0	0	B2	D4	B2	D4	B2	B4	B3	C3	B3	C3	0	0	0
Hypertonic, incoordinate, or prolonged uterine contractions	1	0	0	0	0	0	0	A2	D4	C3	C3	A2	B3	A3	C3	B3	C3	0	0	0

	General Practitioner Tasks							Theoretical Clinical Educational Needs										Practical Educational Needs		
GYNAECOLOGY and OBSTETRICS DISEASES	Diagnosis	Treatment	Referral	Follow up	Prevention	Screening	Patient Education	Definition	Epidemiology	Etiology	Pathophysiology	Clinical manifes.	Paraclinic	Diagnostic app.	Therapeutic app.	Complication	Prevention	Observation	Collaboration	Independent
Long labor	1	0	0	0	0	0	0	A2	C3	C3	D4	B3	B3	A2	C2	B3	C3	1	1	0
Umbilical cord complications	1	0	0	0	0	0	0	B3	C3	C4	C3	B3	B3	B3	C3	B3	C3	0	0	0
First-degree perineal laceration during delivery	1	1	3	1	1	0	1	A3	B2	B2	B3	A3	B3	A3	A2	A2	A3	1	1	1
Second-degree perineal laceration during delivery	1	1	3	1	1	0	1	A3	B2	B2	B3	A3	B3	A3	A3	A3	A3	1	0	0
Third-degree perineal laceration during delivery	1	0	0	0	1	0	0	A3	D4	C3	D3	A3	B3	A3	C3	C3	A3	0	0	0
Fourth-degree perineal laceration during delivery	1	0	0	0	1	0	0	B3	C3	C3	C3	B3	B3	B3	C4	B3	A3	0	0	0
Rupture of uterus during labor	1	0	0	0	0	0	0	B3	D4	D4	D4	A3	B3	A3	C3	B3	C3	0	0	0
Third-stage hemorrhage	1	0	0	0	0	0	0	A1	B2	B2	B2	A1	A2	A1	C2	A1	A2	1	0	0
Delayed and secondary postpartum hemorrhage	1	0	1	0	0	0	0	A1	B3	B3	B2	A1	A3	A3	C3	B3	C3	0	0	0
Retained placenta	1	0	0	0	0	0	0	B3	C3	C3	C3	B3	B2	B3	C3	B3	B3	0	0	0
Shock during or following labor and delivery	1	1	2	0	0	0	0	A3	B3	B3	B3	A2	A2	A3	A3	A3	A3	0	0	0
Deep vein thrombosis in pregnancy	1	0	0	0	1	0	1	A3	B3	B3	B3	A3	A3	A3	C3	A3	B3	0	0	0

GYNAECOLOGY and OBSTETRICS DISEASES	General Practitioner Tasks							Theoretical Clinical Educational Needs										Practical Educational Needs		
	Diagnosis	Treatment	Referral	Follow up	Prevention	Screening	Patient Education	Definition	Epidemiology	Etiology	Pathophysiology	Clinical manifes.	Paraclinic	Diagnostic app.	Therapeutic app.	Complication	Prevention	Observation	Collaboration	Independent
Obstetrical pulmonary embolism	1	0	0	0	1	0	0	A2	B3	B2	B3	A2	B2	A2	C3	A3	B3	0	0	0
Anomalies of ovaries	0	0	0	0	0	0	0	C3	D4	D4	D4	C3	D4	D4	D4	D4	D3	0	0	0
Anomalies of fallopian tubes and broad ligaments	0	0	0	0	0	0	0	C3	D4	D4	D4	C3	D4	D4	D4	D4	D4	0	0	0
Doubling of utreus	0	0	0	0	0	0	0	C3	D4	D4	D4	C3	D4	C3	D3	D4	D4	0	0	0
Anomalies of cervix, vagina, and external female genitalia	0	0	0	0	0	0	0	C3	D4	D4	D4	C3	D4	D4	D3	D4	D4	0	0	0
Premature rupture of membranes	1	0	1	0	0	0	0	A3	C3	C3	D3	A3	B3	B3	C3	A2	D4	1	1	0
Placenta previa	2	0	0	0	0	0	0	B3	C3	D4	D4	B3	B3	B3	C3	B3	D4	0	0	0
Abruptio placentae	2	0	0	0	0	0	0	B3	C3	C3	C3	B3	B3	B3	C3	B3	C3	0	0	0
Prolapsed cord	1	0	0	0	0	0	0	B2	C3	C3	D4	B3	B3	B3	C3	B3	B3	0	0	0
Chorioamnionitis	2	0	0	0	0	0	0	B3	C3	B3	C3	A2	B3	B3	C3	C3	C3	0	0	0
Abnormal uterine contractions	1	0	0	0	0	0	0	A3	C3	B3	B3	B2	B3	B3	C3	B2	B3	0	0	0
Birth trauma	1	0	1	1	1	0	0	B3	B3	B3	B3	B3	B3	A3	C3	B3	B3	0	0	0

GYNAECOLOGY and OBSTETRICS <i>DISEASES</i>	General Practitioner Tasks							Theoretical Clinical Educational Needs									Practical Educational Needs			
	Diagnosis	Treatment	Referral	Follow up	Prevention	Screening	Patient Education	Definition	Epidemiology	Etiology	Pathophysiology	Clinical manifes.	Paraclinic	Diagnostic app.	Therapeutic app.	Complication	Prevention	Observation	Collaboration	Independent
Injuries to scalp during labor	1	1	3	2	0	0	0	B3	D4	D4	D4	B3	B3	B3	B3	B3	C3	0	0	0
Injury to brachial plexus during labor	1	0	0	0	0	0	0	B3	C3	C4	C3	B3	B3	B3	C4	C4	B3	0	0	0
Meconium aspiration syndrome	1	0	0	0	0	0	0	B3	C3	C3	C3	B3	B3	B3	C4	C4	B3	0	0	0
Infections specific to the perinatal period	1	0	0	0	0	0	0	B3	B3	B3	B3	B2	B3	B3	C3	B3	B3	1	0	0
Injury to uterus	1	0	0	0	0	0	0	C3	D4	D4	D4	B3	B3	B3	C4	D4	D4	0	0	0
Open wound of external genital organs	1	1	3	1	0	0	1	B1	D4	D4	D4	B2	B4	B4	B4	C3	D4	0	0	0
Foreign body in uterus,	1	0	0	0	0	0	0	B3	D4	B3	D4	B3	B3	B3	C3	D3	B3	0	0	0

Tuberculous oophoritis and salpingitis

GP's Tasks in IRAN

Diagnosis	Diagnosis is not a GP's task.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Nice to know</i>
Paraclinic	<i>Level two</i>	<i>Nice to know</i>
Diagnostic approach	<i>Level two</i>	<i>Nice to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Must know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Genital herpes

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Advanced conclusive treatment is a GP's task.
Referral	The patient must be referred after primary or conclusive treatment, if complications occur.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Nice to know</i>
Prevention	<i>Level two</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Condyloma acuminatum

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level two</i>	<i>Nice to know</i>
Etiology	<i>Level two</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Early syphilis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening high risk people visited at office is a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level two</i>	<i>Must know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Genital chancre

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level two</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level two</i>	<i>Must know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Chancroid

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Dyspareunia

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on diagnosis.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Nice to know</i>
Prevention	<i>Level two</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Trichomoniasis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Advanced conclusive treatment is a GP's task.
Referral	The patient must be referred after primary or conclusive treatment, if complications occur.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Must know</i>
Pathophysiology	<i>Level two</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level two</i>	<i>Must know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	1

Malignant neoplasm of female breast

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening high risk people visited at office is a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Malignant neoplasm of uterus

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Malignant neoplasm of cervix uteri

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening high risk people visited at office is a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Must know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Choriocarcinoma

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Malignant neoplasm of ovary

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level three</i>	<i>No need to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Benign neoplasm of breast

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level three</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Must know</i>
Therapeutic approach	<i>Level four</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level four</i>	<i>No need to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Uterine leiomyoma

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Nice to know</i>
Prevention	<i>Level two</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Benign neoplasm of cervix uteri

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>No need to know</i>
Etiology	<i>Level three</i>	<i>No need to know</i>
Pathophysiology	<i>Level three</i>	<i>No need to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level three</i>	<i>No need to know</i>
Prevention	<i>Level three</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Benign neoplasm of ovary

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level four</i>	<i>No need to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level two</i>	<i>No need to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Ovarian dysfunction

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Must know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level two</i>	<i>Nice to know</i>
Pathophysiology	<i>Level two</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Nice to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Polycystic ovaries

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Mastitis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Must know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level two</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Pelvic inflammatory disease

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>No need to know</i>
Etiology	<i>Level three</i>	<i>No need to know</i>
Pathophysiology	<i>Level three</i>	<i>No need to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>No need to know</i>
Prevention	<i>Level three</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Salpingitis and oophoritis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Endometritis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Cervicitis and endocervicitis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Must know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Must know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	2
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	1

Vaginitis and vulvovaginitis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Must know</i>
Pathophysiology	<i>Level two</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level three</i>	<i>Must know</i>
Complication-Prognosis	<i>Level three</i>	<i>Better to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	2
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	1

Cyst of bartholin's gland

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on diagnosis.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level four</i>	<i>No need to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level four</i>	<i>No need to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Endometriosis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>No need to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level four</i>	<i>No need to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Cystocele

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on diagnosis.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level four</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level four</i>	<i>No need to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Follicular luteum cyst or hematoma

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Corpus leuteum cyst or hematoma

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Better to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Torsion of ovary, ovarian pedicle, or fallopian tube

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Polyp of corpus uteri

GP's Tasks in IRAN

Diagnosis	Diagnosis is not a GP's task.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level four</i>	<i>No need to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level two</i>	<i>Nice to know</i>
Paraclinic	<i>Level four</i>	<i>No need to know</i>
Diagnostic approach	<i>Level four</i>	<i>No need to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level four</i>	<i>No need to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Hematometra

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level two</i>	<i>Nice to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level two</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Dysplasia of cervix uteri

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening high risk people visited at office is a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Must know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level two</i>	<i>No need to know</i>
Prevention	<i>Level three</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	0

Dysmenorrhea

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Must know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level two</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level two</i>	<i>Nice to know</i>
Prevention	<i>Level two</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	2
Minimum required disease management under supervision of senior physician	2
Minimum required independent disease management:	1

Infertility, female

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>No need to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	0

Hydatidiform mole

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Blighted ovum

GP's Tasks in IRAN

Diagnosis	Diagnosis is not a GP's task.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level four</i>	<i>No need to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level three</i>	<i>Nice to know</i>
Paraclinic	<i>Level three</i>	<i>Nice to know</i>
Diagnostic approach	<i>Level three</i>	<i>Nice to know</i>
Therapeutic approach	<i>Level four</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level four</i>	<i>No need to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Missed abortion

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Ectopic pregnancy

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Must know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	0

Spontaneous abortion

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Better to know</i>
Prevention	<i>Level two</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	0

Illegally induced abortion

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Must know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Failed attempted abortion

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Must know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Must know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Gestational hypertension

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening high risk people visited at office is a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Must know</i>
Pathophysiology	<i>Level three</i>	<i>Better to know</i>
Clinical manifestation	<i>Level three</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Must know</i>
Diagnostic approach	<i>Level three</i>	<i>Must know</i>
Therapeutic approach	<i>Level three</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Must know</i>
Prevention	<i>Level three</i>	<i>Must know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	1

Pre-eclampsia

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on diagnosis.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening high risk people visited at office is a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Better to know</i>
Clinical manifestation	<i>Level three</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Must know</i>
Diagnostic approach	<i>Level three</i>	<i>Must know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Must know</i>
Prevention	<i>Level three</i>	<i>Must know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	0

Eclampsia

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after stabilization.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level one</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Better to know</i>
Clinical manifestation	<i>Level one</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Must know</i>
Diagnostic approach	<i>Level three</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level two</i>	<i>Must know</i>
Prevention	<i>Level two</i>	<i>Must know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Hyperemesis gravidarum

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on diagnosis.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Must know</i>
Prevention	<i>Level three</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Prolonged pregnancy

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on diagnosis.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level four</i>	<i>No need to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Better to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Asymptomatic bacteriuria in pregnancy

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening high risk people visited at office is a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Must know</i>
Diagnostic approach	<i>Level three</i>	<i>Must know</i>
Therapeutic approach	<i>Level three</i>	<i>Must know</i>
Complication-Prognosis	<i>Level three</i>	<i>Better to know</i>
Prevention	<i>Level three</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	1

Infections of genitourinary tract in pregnancy

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level three</i>	<i>Must know</i>
Prevention	<i>Level three</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	0

Twin pregnancy

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Better to know</i>
Prevention	<i>Level three</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Malposition and malpresentation of fetus

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Better to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Disproportion

GP's Tasks in IRAN

Diagnosis	Diagnosis is not a GP's task.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level four</i>	<i>No need to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level three</i>	<i>Nice to know</i>
Paraclinic	<i>Level three</i>	<i>Nice to know</i>
Diagnostic approach	<i>Level three</i>	<i>Nice to know</i>
Therapeutic approach	<i>Level four</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Congenital abnormalities of uterus

GP's Tasks in IRAN

Diagnosis	Diagnosis is not a GP's task.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level four</i>	<i>No need to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level two</i>	<i>Nice to know</i>
Paraclinic	<i>Level three</i>	<i>Nice to know</i>
Diagnostic approach	<i>Level three</i>	<i>Nice to know</i>
Therapeutic approach	<i>Level three</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level four</i>	<i>No need to know</i>
Prevention	<i>Level three</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Rectocele

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on diagnosis.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level four</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Better to know</i>
Prevention	<i>Level three</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Cervical incompetence

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level four</i>	<i>Better to know</i>
Diagnostic approach	<i>Level four</i>	<i>Better to know</i>
Therapeutic approach	<i>Level four</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Better to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Decreased fetal movements

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening high risk people visited at office is a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level four</i>	<i>No need to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	0

Rhesus isoimmunization

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on diagnosis.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening high risk people visited at office is a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Must know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Better to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Fetal distress

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening high risk people visited at office is a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	2
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	0

Intrauterine death

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on diagnosis.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>No need to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Better to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Poor fetal growth

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening high risk people visited at office is a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Excessive fetal growth

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening high risk people visited at office is a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Meconium in liquor

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on diagnosis.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Better to know</i>
Prevention	<i>Level three</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Polyhydramnios

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Better to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Oligohydramnios

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Better to know</i>
Prevention	<i>Level three</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Grand multiparity

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on diagnosis.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Better to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Labor obstruction by bony pelvis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level two</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Better to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Labor obstruction by abnormal pelvic soft tissues

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level four</i>	<i>Better to know</i>
Diagnostic approach	<i>Level four</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Better to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Shoulder dystocia

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Better to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Primary uterine inertia

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level two</i>	<i>Must know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	0

Secondary uterine inertia

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level four</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Better to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Hypertonic, incoordinate, or prolonged uterine contractions

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Must know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Better to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Long labor

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Better to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	0

Umbilical cord complications

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level four</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Better to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

First-degree perineal laceration during delivery

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Better to know</i>
Clinical manifestation	<i>Level three</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level two</i>	<i>Must know</i>
Prevention	<i>Level three</i>	<i>Must know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	1

Second-degree perineal laceration during delivery

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Better to know</i>
Clinical manifestation	<i>Level three</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Must know</i>
Therapeutic approach	<i>Level three</i>	<i>Must know</i>
Complication-Prognosis	<i>Level three</i>	<i>Must know</i>
Prevention	<i>Level three</i>	<i>Must know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Third-degree perineal laceration during delivery

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Must know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>No need to know</i>
Clinical manifestation	<i>Level three</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Must know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Must know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Fourth-degree perineal laceration during delivery

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level four</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Better to know</i>
Prevention	<i>Level three</i>	<i>Must know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Rupture of uterus during labor

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level four</i>	<i>No need to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level three</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Must know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Better to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Third-stage hemorrhage

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level one</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level two</i>	<i>Better to know</i>
Clinical manifestation	<i>Level one</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level one</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level one</i>	<i>Must know</i>
Prevention	<i>Level two</i>	<i>Must know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Delayed and secondary postpartum hemorrhage

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on diagnosis.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level one</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level two</i>	<i>Better to know</i>
Clinical manifestation	<i>Level one</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Must know</i>
Diagnostic approach	<i>Level three</i>	<i>Must know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Better to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Retained placenta

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Better to know</i>
Prevention	<i>Level three</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Shock during or following labor and delivery

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after stabilization.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level three</i>	<i>Must know</i>
Therapeutic approach	<i>Level three</i>	<i>Must know</i>
Complication-Prognosis	<i>Level three</i>	<i>Must know</i>
Prevention	<i>Level three</i>	<i>Must know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Deep vein thrombosis in pregnancy

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Better to know</i>
Clinical manifestation	<i>Level three</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Must know</i>
Diagnostic approach	<i>Level three</i>	<i>Must know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Must know</i>
Prevention	<i>Level three</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Obstetrical pulmonary embolism

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Must know</i>
Prevention	<i>Level three</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Anomalies of ovaries

GP's Tasks in IRAN

Diagnosis	Diagnosis is not a GP's task.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Nice to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level four</i>	<i>No need to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level three</i>	<i>Nice to know</i>
Paraclinic	<i>Level four</i>	<i>No need to know</i>
Diagnostic approach	<i>Level four</i>	<i>No need to know</i>
Therapeutic approach	<i>Level four</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level four</i>	<i>No need to know</i>
Prevention	<i>Level three</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Anomalies of fallopian tubes and broad ligaments

GP's Tasks in IRAN

Diagnosis	Diagnosis is not a GP's task.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Nice to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level four</i>	<i>No need to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level three</i>	<i>Nice to know</i>
Paraclinic	<i>Level four</i>	<i>No need to know</i>
Diagnostic approach	<i>Level four</i>	<i>No need to know</i>
Therapeutic approach	<i>Level four</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level four</i>	<i>No need to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Doubling of uterus

GP's Tasks in IRAN

Diagnosis	Diagnosis is not a GP's task.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Nice to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level four</i>	<i>No need to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level three</i>	<i>Nice to know</i>
Paraclinic	<i>Level four</i>	<i>No need to know</i>
Diagnostic approach	<i>Level three</i>	<i>Nice to know</i>
Therapeutic approach	<i>Level three</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level four</i>	<i>No need to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Anomalies of cervix, vagina, and external female genitalia

GP's Tasks in IRAN

Diagnosis	Diagnosis is not a GP's task.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Nice to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level four</i>	<i>No need to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level three</i>	<i>Nice to know</i>
Paraclinic	<i>Level four</i>	<i>No need to know</i>
Diagnostic approach	<i>Level four</i>	<i>No need to know</i>
Therapeutic approach	<i>Level three</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level four</i>	<i>No need to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Premature rupture of membranes

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on diagnosis.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>No need to know</i>
Clinical manifestation	<i>Level three</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Must know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	0

Placenta previa

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level four</i>	<i>No need to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Better to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Abruptio placentae

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Better to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Prolapsed cord

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Better to know</i>
Prevention	<i>Level three</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Chorioamnionitis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Abnormal uterine contractions

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level three</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Birth trauma

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on diagnosis.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Better to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Must know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Better to know</i>
Prevention	<i>Level three</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Injuries to scalp during labor

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level four</i>	<i>No need to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Better to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Injury to brachial plexus during labor

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level four</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level four</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level four</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Meconium aspiration syndrome

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level four</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level four</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Infections specific to the perinatal period

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Better to know</i>
Prevention	<i>Level three</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Injury to uterus

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Nice to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level four</i>	<i>No need to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level four</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level four</i>	<i>No need to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Open wound of external genital organs

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level one</i>	<i>Better to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level four</i>	<i>No need to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level four</i>	<i>Better to know</i>
Diagnostic approach	<i>Level four</i>	<i>Better to know</i>
Therapeutic approach	<i>Level four</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Foreign body in uterus,

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>No need to know</i>
Prevention	<i>Level three</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

HEMATOLOGY and ONCOLOGY

	General Practitioner Tasks							Theoretical Clinical Educational Needs									Practical Educational Needs			
HEMATOLOGY and ONCOLOGY	Diagnosis	Treatment	Referral	Follow up	Prevention	Screening	Patient Education	Definition	Epidemiology	Etiology	Pathophysiology	Clinical manifes.	Paraclinic	Diagnostic app.	Therapeutic app.	Complication	Prevention	Observation	Collaboration	Independent
DISEASES																				
Vitamin k deficiency	2	2	4	2	1	0	1	A2	C3	B2	C2	A2	B2	B2	A2	C3	C3	1	1	0
Glucose-6-phophatase deficiency	2	1	3	1	1	0	3	A3	B2	B2	C3	A2	B2	B2	B3	B3	A2	0	0	0
Iron deficiency anemia	2	2	4	2	3	0	1	A2	A2	A2	A2	A1	A2	A2	A2	A2	A2	3	3	3
Pernicious anemia	2	1	3	2	1	0	1	A3	B2	B2	B3	A2	A2	A2	A2	A2	B3	1	0	0
Hereditary hemolytic anemia	2	0	0	0	0	0	0	B3	C3	C3	C3	B3	B3	B3	C3	C3	C3	0	0	0
Hereditary spherocytosis	2	0	0	0	0	0	0	A3	B3	B3	B3	A2	A2	B3	C3	C4	C4	0	0	0
Thalassemia major	2	0	1	0	1	0	0	A2	B2	B2	C2	A2	B2	B2	C2	B2	B2	1	0	0
Thalassemia minor	2	2	5	0	0	2	1	A2	A2	B2	A2	A2	A2	A2	A2	A2	B2	2	1	1
Thalassemia intermedia	2	0	1	0	0	0	0	A2	C3	C3	C3	A2	A2	A2	C2	B2	A2	0	0	0
Sickle-cell anemia	2	0	0	0	0	0	0	A3	C3	C3	C3	B3	B3	B3	C3	C3	C3	0	0	0
Acquired hemolytic anemia	2	0	0	0	0	0	0	A3	C3	A3	B3	A2	A2	B3	C3	C3	C3	0	0	0
Hemolytic-uremic syndrome	2	0	0	0	0	0	0	B3	D4	C3	C3	B2	B2	B3	D3	D4	D4	0	0	0

	General Practitioner Tasks							Theoretical Clinical Educational Needs										Practical Educational Needs		
HEMATOLOGY and ONCOLOGY	Diagnosis	Treatment	Referral	Follow up	Prevention	Screening	Patient Education	Definition	Epidemiology	Etiology	Pathophysiology	Clinical manifes.	Paraclinic	Diagnostic app.	Therapeutic app.	Complication	Prevention	Observation	Collaboration	Independent
DISEASES																				
Acute intravascular hemolysis	2	0	0	0	0	0	0	B3	C3	C3	C3	B3	B3	B3	C3	C3	C3	0	0	0
Aplastic anemia	2	0	0	0	0	0	0	A2	B2	B2	B2	A2	A2	A2	C2	A2	C2	1	0	0
Congenital factor VIII disorder	2	0	0	0	0	0	0	A2	B3	C2	B3	A2	A2	B3	C3	B3	C3	1	1	0
Congenital factor IX disorder	2	0	0	0	0	0	0	B3	C3	C3	C3	B3	B3	B3	C3	B3	C3	0	0	0
Von willebrand's disease	2	0	0	0	0	0	0	B3	C2	C2	C3	B3	B3	B3	C3	C3	C3	0	0	0
Acquired coagulation factor deficiency	2	0	0	0	0	0	0	B3	C3	B3	C3	B3	B3	B3	C4	C4	C2	0	0	0
Qualitative platelet defects	2	0	0	0	0	0	0	B3	D4	D4	D4	B3	B3	B3	D4	D4	D4	0	0	0
Idiopathic thrombocytopenia	2	0	0	0	0	0	0	B3	C4	C4	C4	B3	B3	B3	C4	C4	D4	1	1	0
Secondary thrombocytopenia	2	0	0	0	0	0	0	B3	D4	B3	C4	B3	B3	B3	C4	C4	D4	1	0	0
Agranulocytosis	2	0	0	0	0	0	0	B2	C3	B2	C4	B3	B3	B3	C4	C3	C4	0	0	0
Functional disorders of polymorphonuclear neutrophils	2	0	0	0	0	0	0	C3	D4	D4	D4	B3	B3	B3	D4	D4	D4	0	0	0
Secondary polycythemia	2	1	3	2	1	0	1	A2	B3	A2	B3	A2	A2	A2	B3	C4	D4	1	1	0

	General Practitioner Tasks							Theoretical Clinical Educational Needs								Practical Educational Needs				
HEMATOLOGY and ONCOLOGY	Diagnosis	Treatment	Referral	Follow up	Prevention	Screening	Patient Education	Definition	Epidemiology	Etiology	Pathophysiology	Clinical manifes.	Paraclinic	Diagnostic app.	Therapeutic app.	Complication	Prevention	Observation	Collaboration	Independent
<i>DISEASES</i>																				
Rhesus isoimmunization	2	0	1	2	1	1	1	A2	C2	B2	B2	A2	A2	A2	C3	B3	C3	0	0	0
ABO isoimmunizaiton	2	0	1	0	1	0	0	A3	B3	B3	C3	B2	B2	B2	C3	B2	A3	0	0	0
Hemolytic disease of fetus or newborn, due to isoimmunization	2	0	0	0	1	0	1	B3	C3	C2	C3	B3	B3	B3	C4	C4	C4	1	0	0
Hemorrhagic diasthesis of newborn	2	0	1	0	1	0	0	B3	C3	C3	C2	B2	B3	B3	C4	C4	C4	0	0	0
Transfusion reaction	2	1	3	1	1	0	1	B2	B2	C3	C3	A2	A2	A2	B2	B2	B2	0	0	0

Non Hodgkin's lymphoma

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	0

Burkitt's lymphoma

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level four</i>	<i>Nice to know</i>
Etiology	<i>Level four</i>	<i>Nice to know</i>
Pathophysiology	<i>Level four</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level four</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level four</i>	<i>Nice to know</i>
Prevention	<i>Level four</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Hodgkin's lymphoma

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level four</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level one</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level four</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level four</i>	<i>Nice to know</i>
Prevention	<i>Level four</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	0

Multiple myeloma

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Acute lymphoid leukemia

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Nice to know</i>
Etiology	<i>Level two</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level four</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level four</i>	<i>Nice to know</i>
Prevention	<i>Level four</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	0

Chronic lymphoid leukemia

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Nice to know</i>
Etiology	<i>Level two</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level four</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level four</i>	<i>Nice to know</i>
Prevention	<i>Level four</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	0

Acute myeloid leukemia

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Nice to know</i>
Etiology	<i>Level two</i>	<i>Nice to know</i>
Pathophysiology	<i>Level two</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level four</i>	<i>Nice to know</i>
Prevention	<i>Level four</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Chronic myeloid leukemia

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level two</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	0

Polycythemia vera

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level four</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	0

Idiopathic thrombocythemia

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level one</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level four</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Cyanocobalamin deficiency

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Advanced conclusive treatment is a GP's task.
Referral	The patient must be referred after primary or conclusive treatment, if complications occur.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level two</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	1

Folic acid deficiency

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level two</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	0

Vitamin k deficiency

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Advanced conclusive treatment is a GP's task.
Referral	The patient must be referred after primary or conclusive treatment, if complications occur.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level two</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	0

Glucose-6-phosphatase deficiency

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is necessary by educational pamphlets or booklets.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Better to know</i>
Prevention	<i>Level two</i>	<i>Must know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Iron deficiency anemia

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Advanced conclusive treatment is a GP's task.
Referral	The patient must be referred after primary or conclusive treatment, if complications occur.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is a GP's task by risk factor screening, avoidance and treatment.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Must know</i>
Etiology	<i>Level two</i>	<i>Must know</i>
Pathophysiology	<i>Level two</i>	<i>Must know</i>
Clinical manifestation	<i>Level one</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level two</i>	<i>Must know</i>
Prevention	<i>Level two</i>	<i>Must know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	3
Minimum required disease management under supervision of senior physician	3
Minimum required independent disease management:	3

Pernicious anemia

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level two</i>	<i>Must know</i>
Prevention	<i>Level three</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Hereditary hemolytic anemia

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Hereditary spherocytosis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level four</i>	<i>Nice to know</i>
Prevention	<i>Level four</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Thalassemia major

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on diagnosis.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level two</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level two</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Thalassemia minor

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Advanced conclusive treatment is a GP's task.
Referral	The patient does not need referral.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	The GP's task is to screen for high-risk groups in his/her undercover population.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Must know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level two</i>	<i>Must know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level two</i>	<i>Must know</i>
Prevention	<i>Level two</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	2
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	1

Thalassemia intermedia

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on diagnosis.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level two</i>	<i>Must know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Sickle-cell anemia

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Acquired hemolytic anemia

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Must know</i>
Pathophysiology	<i>Level three</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Hemolytic-uremic syndrome

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level four</i>	<i>No need to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Acute intravascular hemolysis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Aplastic anemia

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level two</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Must know</i>
Prevention	<i>Level two</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Congenital factor VIII disorder

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Better to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	0

Congenital factor IX disorder

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Better to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Von willebrand's disease

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level two</i>	<i>Nice to know</i>
Etiology	<i>Level two</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Acquired coagulation factor deficiency

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level four</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level four</i>	<i>Nice to know</i>
Prevention	<i>Level two</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Qualitative platelet defects

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level four</i>	<i>No need to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level four</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level four</i>	<i>No need to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Idiopathic thrombocytopenia

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level four</i>	<i>Nice to know</i>
Etiology	<i>Level four</i>	<i>Nice to know</i>
Pathophysiology	<i>Level four</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level four</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level four</i>	<i>Nice to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	0

Secondary thrombocytopenia

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level four</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level four</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level four</i>	<i>Nice to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Agranulocytosis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level four</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level four</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level four</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Functional disorders of polymorphonuclear neutrophils

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Nice to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level four</i>	<i>No need to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level four</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level four</i>	<i>No need to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Secondary polycythemia

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Must know</i>
Pathophysiology	<i>Level three</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level three</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level four</i>	<i>Nice to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	0

Rhesus isoimmunization

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on diagnosis.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening high risk people visited at office is a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Nice to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level two</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Better to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

ABO isoimmunization

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on diagnosis.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level three</i>	<i>Must know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Hemolytic disease of fetus or newborn, due to isoimmunization

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level two</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level four</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level four</i>	<i>Nice to know</i>
Prevention	<i>Level four</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Hemorrhagic diathesis of newborn

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on diagnosis.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level two</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level four</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level four</i>	<i>Nice to know</i>
Prevention	<i>Level four</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Transfusion reaction

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level two</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

INFECTIOUS DISEASE

INFECTIOUS DISEASE DISEASES	General Practitioner Tasks							Theoretical Clinical Educational Needs										Practical Educational Needs		
	Diagnosis	Treatment	Referral	Follow up	Prevention	Screening	Patient Education	Definition	Epidemiology	Etiology	Pathophysiology	Clinical manifes.	Paraclinic	Diagnostic app.	Therapeutic app.	Complication	Prevention	Observation	Collaboration	Independent
Cholera	2	1	3	1	1	0	1	A2	A2	A2	B3	A2	A2	A2	A2	B3	A2	0	0	0
Typhoid and paratyphoid fevers	2	2	4	2	1	0	1	A2	A2	A2	B3	A2	A2	A2	A2	A2	A2	1	1	0
Salmonella gastroenteritis	2	2	4	1	1	0	1	A2	B2	B2	C3	A2	B2	A2	A2	B3	B2	1	1	0
Shigellosis	2	2	4	1	1	0	1	A2	B2	B2	B2	A2	A2	A2	A2	B3	B2	1	1	0
Amebiasis	2	2	4	1	1	0	1	A2	B2	A2	B2	A2	A2	B2	A2	B3	B2	1	1	0
Giardiasis	2	2	4	1	1	0	1	A2	A2	B2	C3	A1	A2	A2	A1	B2	B2	2	1	2
E. coli gastroenteritis	2	2	4	1	1	0	1	A2	B2	B3	C3	A2	B3	A2	A2	B3	B2	1	1	0
Pulmonary tuberculosis	2	1	3	4	3	1	1	A2	B2	B2	B2	A1	A2	A2	A1	B2	A3	3	2	1
Extrapulmonary tuberculosis	2	0	0	4	2	0	1	A2	C2	B2	B2	A1	A2	A2	C2	B2	A3	0	0	0
Plague	1	0	0	0	0	0	0	B2	C3	C3	C3	B2	B3	B3	C3	C3	C3	0	0	0
Tularemia	1	0	0	0	0	0	0	B2	C3	C4	C3	B2	B3	B3	C3	C3	B3	0	0	0
Anthrax	2	1	3	1	1	0	1	A2	B2	B3	B3	A2	B2	B2	A2	B2	B2	0	0	0

INFECTIONOUS DISEASE DISEASES	General Practitioner Tasks							Theoretical Clinical Educational Needs										Practical Educational Needs		
	Diagnosis	Treatment	Referral	Follow up	Prevention	Screening	Patient Education	Definition	Epidemiology	Etiology	Pathophysiology	Clinical manifes.	Paraclinic	Diagnostic app.	Therapeutic app.	Complication	Prevention	Observation	Collaboration	Independent
Brucellosis	2	2	4	2	1	0	1	A2	A2	B2	B3	A1	A2	A2	A1	B2	B2	2	2	1
Listeriosis	1	0	0	0	0	0	0	B2	C3	C3	C4	B3	B3	B3	C3	C3	C3	0	0	0
Leprosy	1	0	0	0	0	0	0	B2	C3	C3	C3	B2	B3	B3	C3	C3	C3	0	0	0
Diphtheria	1	1	2	0	2	0	1	A2	B2	B2	B3	A2	B2	B3	A2	B2	B2	0	0	0
Whooping cough	1	1	3	1	2	0	1	A3	B3	B3	B3	A2	B3	B3	A2	B3	B3	0	0	0
Scarlet fever	1	2	4	1	1	0	1	A2	B2	B2	C3	A2	A2	A2	A2	B2	B2	1	0	0
Erysipelas	1	2	4	1	0	0	1	A2	C3	B2	C3	A2	B2	B2	A2	B3	A2	0	0	0
Meningococcal infection	1	1	2	0	0	0	0	A2	B2	A3	B2	A2	A2	B2	B2	B3	A2	0	0	0
Tetanus	1	0	0	0	2	0	0	A2	B2	B2	C2	A2	B2	B2	C2	B2	A2	0	0	0
Septicemia	2	1	2	0	0	0	0	A2	C2	A2	B3	A2	A3	A2	A3	A3	A3	1	0	0
Actinomycotic infections	0	0	0	0	0	0	0	B3	D4	D4	D4	C3	D4	C4	C3	D4	D4	0	0	0
Gas gangrene	1	0	0	0	0	0	0	B3	C3	C3	C3	B3	B3	B3	C3	C3	C3	0	0	0

INFECTIOUS DISEASE DISEASES	General Practitioner Tasks							Theoretical Clinical Educational Needs										Practical Educational Needs		
	Diagnosis	Treatment	Referral	Follow up	Prevention	Screening	Patient Education	Definition	Epidemiology	Etiology	Pathophysiology	Clinical manifes.	Paraclinic	Diagnostic app.	Therapeutic app.	Complication	Prevention	Observation	Collaboration	Independent
Human immunodeficiency virus infection	2	0	0	0	1	1	0	A2	A2	A2	B3	A2	B2	A2	C3	B3	A2	0	0	0
Acute poliomyelitis	1	0	0	0	2	0	0	B3	B2	B3	C3	B2	B3	B2	C3	B3	B2	0	0	0
Bovine spongiform encephalitis	0	0	0	0	0	0	0	B2	C3	C3	D3	C3	C3	C3	C3	C3	C3	0	0	0
Viral meningitis	1	0	0	0	0	0	0	B3	C3	C3	C3	B2	B3	B3	C3	C3	C3	0	0	0
Chickenpox	1	2	4	1	1	0	1	A2	B2	B3	B3	A2	B3	B2	A3	B2	A2	2	1	1
Herpes zoster	1	1	3	1	1	0	1	A2	B2	B3	B3	A2	B3	B3	A2	B2	B2	1	1	1
Herpes simplex	1	1	3	1	1	0	1	A2	B2	B3	B3	A2	B3	B3	A2	B3	B2	1	1	0
Measles	1	2	4	1	2	0	1	A2	B2	B3	B3	A2	B2	B2	A2	B2	A2	1	0	0
Rubella	1	2	4	1	2	0	1	A2	B2	B2	B3	A2	B3	A3	B3	B2	B2	1	0	0
Erythema infectiosum [fifth disease]	1	2	4	1	0	0	1	B3	C3	C3	C3	B3	B3	B3	B3	C3	C3	0	0	0
Exanthema subitum [sixth disease]	1	2	4	1	0	0	1	B3	C3	C3	C3	B3	B3	B3	B3	C3	B3	0	0	0
Fourth disease	1	2	4	1	0	0	1	B3	C3	C3	B3	B3	B3	B3	B3	C3	C3	0	0	0

	General Practitioner Tasks							Theoretical Clinical Educational Needs									Practical Educational Needs			
INFECTIOUS DISEASE	Diagnosis	Treatment	Referral	Follow up	Prevention	Screening	Patient Education	Definition	Epidemiology	Etiology	Pathophysiology	Clinical manifes.	Paraclinic	Diagnostic app.	Therapeutic app.	Complication	Prevention	Observation	Collaboration	Independent
DISEASES																				
Yellow fever	0	0	0	0	0	0	0	B3	D4	D4	D4	C3	D4	D4	D4	D4	C4	0	0	0
Dengue fever	0	0	0	0	0	0	0	B3	D4	D4	D4	C3	D4	D4	D4	D4	D4	0	0	0
Viral encephalitis	1	0	0	0	0	0	0	A3	C3	B3	C3	A3	B3	B3	C3	C3	B3	0	0	0
Crimean congo hemorrhagic fever	1	0	0	0	0	0	0	B2	C2	C2	C2	A2	B3	B3	C3	C2	C2	0	0	0
Viral hemorrhagic fever	1	0	0	0	0	0	0	A3	B3	C3	C4	A3	B3	B3	C4	C4	B3	0	0	0
Viral hepatitis A	2	2	4	2	1	0	1	A2	A2	A2	B3	A2	A2	B2	A2	B2	A2	1	1	0
Viral hepatitis B	2	0	1	0	2	1	1	A2	A2	A2	B3	A2	A2	A2	C2	B2	A2	1	1	0
Viral hepatitis C	2	0	1	0	1	1	1	A2	A2	A2	B3	A2	A2	A2	C2	B2	A2	1	1	0
Viral hepatitis E	0	0	0	0	0	0	0	B2	B2	B2	B3	C2	C2	C2	C2	B3	C2	0	0	0
Rabies	1	1	2	0	2	0	0	A2	B2	B3	B3	B2	B2	B3	B3	B3	A2	0	0	0
Mumps	1	2	4	1	2	0	1	A2	B2	B3	B3	A2	B2	B2	A2	B3	B2	1	1	0
Enteroviral infection	1	2	4	1	0	0	1	B3	B3	C3	C3	B3	B3	B3	B3	B3	C3	1	0	0

INFECTION DISEASE <i>DISEASES</i>	General Practitioner Tasks							Theoretical Clinical Educational Needs									Practical Educational Needs			
	Diagnosis	Treatment	Referral	Follow up	Prevention	Screening	Patient Education	Definition	Epidemiology	Etiology	Pathophysiology	Clinical manifes.	Paraclinic	Diagnostic app.	Therapeutic app.	Complication	Prevention	Observation	Collaboration	Independent
Trachoma	1	1	3	2	0	0	1	A3	C3	C3	C3	A3	B3	B3	B3	C3	C3	0	0	0
Pharyngoconjunctival fever	1	2	4	1	0	0	1	B3	C3	C3	C3	B3	B3	B3	B3	C3	C3	0	0	0
Viral warts	1	1	3	1	1	0	1	A3	C3	C3	C3	A3	B3	B3	A2	C3	C3	1	1	0
Cat-scratch disease	1	0	0	0	0	0	0	B3	C3	C3	C3	B3	B3	B3	C3	C3	C3	0	0	0
Cytomegaloviral infection	1	0	0	0	0	0	0	B3	C3	C3	C4	B3	B3	B3	C3	B3	B3	0	0	0
Typhus	1	0	0	0	0	0	0	B3	C3	C3	C3	B3	B3	B3	C3	C3	C3	0	0	0
Malaria	2	2	4	0	1	0	1	A2	A2	A2	B2	A2	A2	A2	A2	B2	A3	0	0	0
Falciparum malaria	2	1	2	0	1	0	1	A2	A2	A2	B2	A2	A2	A2	A2	B2	A2	0	0	0
Cutaneous leishmaniasis	2	1	3	2	1	0	1	A2	A2	A3	B3	A2	B3	A2	A3	B3	A2	0	0	0
Visceral leishmaniasis [kala-azar]	1	0	0	0	0	0	0	A2	B2	B2	C3	A2	B2	B2	C3	C2	A2	0	0	0
Relapsing fever	2	0	0	0	0	0	0	B3	C3	C3	C3	B3	B2	B2	C2	C3	C3	0	0	0
Bartonellosis	1	0	0	0	0	0	0	B3	D3	C4	D4	B4	B3	B3	C3	C3	C3	0	0	0

	General Practitioner Tasks							Theoretical Clinical Educational Needs									Practical Educational Needs			
INFECTIOUS DISEASE	Diagnosis	Treatment	Referral	Follow up	Prevention	Screening	Patient Education	Definition	Epidemiology	Etiology	Pathophysiology	Clinical manifes.	Paraclinic	Diagnostic app.	Therapeutic app.	Complication	Prevention	Observation	Collaboration	Independent
DISEASES																				
Lyme disease	1	0	0	0	1	0	0	B3	C3	C3	D4	B3	B3	B3	C3	C3	C3	0	0	0
Early syphilis	2	1	3	1	1	1	1	A3	A3	B2	B2	A2	A2	A3	A2	A2	A2	0	0	0
Secondary syphilis	2	0	1	0	0	0	0	A3	C3	C3	C3	B3	B3	B3	C3	C3	B3	0	0	0
Tertiary syphilis	2	0	1	0	0	0	0	B2	C3	C3	D3	B2	B2	B3	C3	C3	B3	0	0	0
Latent syphilis	2	0	1	0	1	0	1	A2	B2	B2	C3	A2	B3	B3	C2	B3	B2	0	0	0
Genital chancre	2	1	3	1	1	0	1	A2	A2	B2	B2	A2	A2	A2	A2	A2	A2	0	0	0
Gonococcal infections of lower genitourinary tract	2	2	4	1	1	0	1	A2	A2	A2	B2	A2	A2	A2	A2	A2	A2	1	1	0
Gonococcal infections of upper genitourinary tract	2	0	0	0	1	0	0	A2	A2	A2	B2	A2	A2	A2	C2	B2	A2	0	0	0
Chancroid	1	0	0	0	1	0	0	A2	B3	C3	C3	A2	B3	B3	C3	B3	B2	0	0	0
Lymphogranuloma venereum	1	0	0	0	0	0	0	B3	B3	C3	C3	B2	B3	B3	C3	C3	B2	0	0	0
Leptospirosis	1	0	0	0	0	0	0	B2	C3	B3	C3	B3	B3	B2	C2	C3	C3	0	0	0
Systemic candidiasis	0	0	0	0	0	0	0	B2	B2	B2	B3	C2	C2	C2	C2	B2	B2	0	0	0

INFECTIOUS DISEASE <i>DISEASES</i>	General Practitioner Tasks							Theoretical Clinical Educational Needs									Practical Educational Needs			
	Diagnosis	Treatment	Referral	Follow up	Prevention	Screening	Patient Education	Definition	Epidemiology	Etiology	Pathophysiology	Clinical manifes.	Paraclinic	Diagnostic app.	Therapeutic app.	Complication	Prevention	Observation	Collaboration	Independent
	1	2	4	1	0	0	1	A2	B2	B2	B3	A2	B3	B3	A2	B3	B3	1	1	1
	1	0	0	0	0	0	0	B2	C3	C3	C4	B3	B3	B3	C3	C3	C3	0	0	0
	0	0	0	0	0	0	0	B3	D4	D4	D4	D4	D4	D3	D4	D4	D3	0	0	0
	0	0	0	0	0	0	0	B3	D4	D4	D4	C4	D4	D4	D4	D4	D4	0	0	0
	0	0	0	0	0	0	0	B3	D4	D4	D4	D4	D4	D3	D4	D4	D4	0	0	0
	1	0	0	0	0	0	0	B3	D4	D4	D4	B3	B3	B3	C3	D4	D4	0	0	0
	2	0	0	0	0	0	0	C3	C3	C3	D4	B3	B3	B3	C4	C3	C3	0	0	0
	2	0	0	0	1	0	0	A2	B3	B3	C2	A2	B3	B3	C2	B3	B3	0	0	0
Echinococcosis	2	0	0	0	1	0	0	B3	B2	C3	C3	B2	B2	B2	C3	B3	C3	0	0	0
Taenia solium infection	2	2	4	0	1	0	1	B3	C3	C3	C4	B3	B3	B3	B3	C3	B3	0	0	0
Cysticercosis	0	0	0	0	0	0	0	B3	D4	C3	D4	C3	D4	C4	C4	D4	D4	0	0	0
Taenia saginata infection	2	2	4	0	1	0	1	A2	B3	B3	C3	A2	B2	B2	A2	B3	B2	0	0	0

	General Practitioner Tasks							Theoretical Clinical Educational Needs									Practical Educational Needs			
INFECTIOUS DISEASE	Diagnosis	Treatment	Referral	Follow up	Prevention	Screening	Patient Education	Definition	Epidemiology	Etiology	Pathophysiology	Clinical manifes.	Paraclinic	Diagnostic app.	Therapeutic app.	Complication	Prevention	Observation	Collaboration	Independent
DISEASES																				
Diphyllobothriasis	0	0	0	0	0	0	0	B4	D4	D4	D4	C4	D4	D4	D4	D4	D4	0	0	0
Hymenolepiasis	2	2	4	1	1	0	1	A3	B3	B3	C3	A2	B3	B3	A2	B3	B3	0	0	0
Trichinosis	0	0	0	0	0	0	0	B2	C3	C3	C3	C2	C3	C3	C3	C3	C3	0	0	0
Filarial infection	0	0	0	0	0	0	0	B3	C3	C3	D4	C4	D3	C4	D4	D4	D4	0	0	0
Ancylostomiasis and necatoriasis	2	2	4	1	1	0	1	A3	B3	B3	C3	A2	B3	B3	A2	B3	B3	0	0	0
Cutaneous larva migrans	0	0	0	0	0	0	0	A3	C3	C3	C4	C3	C3	C3	C3	C3	C3	0	0	0
Ascariasis	2	2	4	1	1	0	1	A3	B3	B3	C3	A2	B3	B2	A2	B3	B3	1	1	1
Strongyloidiasis	2	2	4	1	1	0	1	B3	C3	B3	C3	B3	B3	B3	B3	C3	C3	0	0	0
Trichuriasis	2	2	4	1	1	0	1	B3	C3	C3	C3	B3	B3	B3	B3	C3	B3	0	0	0
Enterobiasis	2	2	4	2	1	0	1	B3	B3	B3	C3	A2	B3	B3	A2	B3	B3	1	0	0
Trichostrongyliasis	0	0	0	0	0	0	0	B3	C3	C3	C3	C3	C3	C3	C2	C3	B3	0	0	0
Toxocariasis	0	0	0	0	0	0	0	B3	D4	D4	D4	C3	C3	C3	C3	C3	C3	0	0	0

DISEASES

	General Practitioner Tasks							Theoretical Clinical Educational Needs									Practical Educational Needs			
INFECTION DISEASE	Diagnosis	Treatment	Referral	Follow up	Prevention	Screening	Patient Education	Definition	Epidemiology	Etiology	Pathophysiology	Clinical manifes.	Paraclinic	Diagnostic app.	Therapeutic app.	Complication	Prevention	Observation	Collaboration	Independent
DISEASES																				
Toxoplasmosis	2	0	0	0	1	0	0	A2	B2	B2	C2	A2	B3	B2	C3	C3	B3	0	0	0
Trichomoniasis	2	2	4	2	1	0	1	B2	B2	B3	B3	A2	B2	B2	A2	B3	B3	1	0	0
Pediculosis and Phthirus infestation	1	2	4	1	1	0	1	B3	B3	B3	B3	A3	B3	B3	A2	B3	B3	1	0	0
Myiasis	0	0	0	0	0	0	0	B3	D3	D4	C4	C3	C3	C3	C3	C3	C3	0	0	0
Pneumonia due to pneumocystis carinii	1	0	0	0	0	0	0	B3	C3	C4	C4	B3	B4	B4	C3	C4	C3	0	0	0
Bacterial meningitis	2	1	2	0	0	0	0	A2	B2	B2	C2	A2	A2	A2	B2	B2	A2	1	1	1
Acute nasopharyngitis [common cold]	1	2	4	1	0	0	1	A2	A2	A2	B2	A1	B3	A2	A1	A2	A2	2	2	2
Streptococcal pharyngitis	2	2	4	1	0	0	1	A2	B2	A2	B2	A1	A2	A2	A1	B2	A2	3	2	2
Acute sinusitis	2	1	3	1	1	0	1	A3	B3	A2	B3	A1	A2	A2	A1	B2	B2	2	2	2
Vincent's angina	2	1	3	1	0	0	1	B2	C3	B3	C3	B2	B3	B3	B3	C3	C3	0	0	0
Infectious mononucleosis	2	2	4	2	0	0	1	A2	B3	A3	C3	A2	A3	B2	B3	B3	B3	1	0	0
Chronic pharyngitis and nasopharyngitis	1	0	0	0	0	0	0	B2	C3	A2	C3	A2	B3	B3	C2	C3	C3	0	0	0

	General Practitioner Tasks							Theoretical Clinical Educational Needs										Practical Educational Needs		
INFECTIOUS DISEASE	Diagnosis	Treatment	Referral	Follow up	Prevention	Screening	Patient Education	Definition	Epidemiology	Etiology	Pathophysiology	Clinical manifes.	Paraclinic	Diagnostic app.	Therapeutic app.	Complication	Prevention	Observation	Collaboration	Independent
DISEASES																				
Chronic sinusitis	2	1	3	1	0	0	1	A2	B3	A2	C3	A1	A2	A2	A1	A2	B2	1	1	1
Peritonsillar abscess	1	0	0	0	0	0	0	A3	C3	B3	B3	A3	B3	B3	C3	C3	C3	0	0	0
Chronic laryngitis and laryngotracheitis	1	0	0	0	0	0	0	B3	B3	B3	C3	A2	B3	B3	C2	C3	C3	0	0	0
Viral pneumonia	2	2	4	1	0	0	1	A2	B3	B3	C3	A2	A2	B3	A2	C3	C3	1	1	1
Bacterial pneumonia	2	1	3	1	1	0	1	A3	A2	A2	B2	A1	A2	A2	A1	B2	B3	2	1	1
Influenza	2	1	3	1	1	0	1	A2	A2	A2	B3	A2	A2	A2	A2	B2	B2	1	1	0
Chronic bronchitis	2	1	3	1	1	0	1	A3	B3	B3	C3	A1	A2	A2	A1	B3	B3	2	2	1
Bronchiectasis	2	0	1	0	0	0	0	A3	C3	C3	C3	A3	B3	B3	C3	C3	C3	0	0	0
Empyema	2	0	0	0	0	0	0	B3	C3	B3	C3	B3	B3	B3	C3	C3	C3	0	0	0
Pleurisy	2	0	1	0	0	0	0	A3	C3	B3	C3	A3	B3	B3	C3	C3	C3	0	0	0
Abscess of lung	2	0	0	0	0	0	0	A3	C3	C3	C3	B3	B3	B3	C3	C3	C3	0	0	0
Abscess of mediastinum	0	0	0	0	0	0	0	B3	D4	D4	D4	C3	C3	C3	D4	C3	D4	0	0	0

	General Practitioner Tasks							Theoretical Clinical Educational Needs									Practical Educational Needs			
INFECTIOUS DISEASE	Diagnosis	Treatment	Referral	Follow up	Prevention	Screening	Patient Education	Definition	Epidemiology	Etiology	Pathophysiology	Clinical manifes.	Paraclinic	Diagnostic app.	Therapeutic app.	Complication	Prevention	Observation	Collaboration	Independent
DISEASES																				
Chronic hepatitis	2	0	0	0	0	0	0	A2	B3	C3	C3	A2	A2	B3	C3	C3	C3	1	0	0
Abscess of liver	2	0	0	0	0	0	0	B2	C3	C3	D3	B1	B1	B2	D3	D3	D3	0	0	0
Septic shock	2	1	2	0	0	0	0	B3	B3	B2	C3	B2	B2	B2	B3	B3	B3	0	0	0
Carbuncle and furuncle	2	2	4	2	1	0	1	B3	B3	B3	B3	A3	B3	B3	A2	B3	B3	1	1	0
Cellulitis and abscess of finger and toe	1	1	3	1	0	0	1	B2	C3	C3	C3	A2	B3	B3	B3	C3	C3	1	1	0
Impetigo	2	2	4	1	1	0	1	A3	B2	B2	B2	A2	B2	B3	A2	B2	B3	1	1	0
Scalded skin syndrome	1	0	0	0	0	0	0	B3	C4	B3	C4	B3	B3	B3	C3	C3	C3	0	0	0
Toxic epidermal necrolysis	1	0	0	0	1	0	1	C3	C3	C3	C3	B3	B3	B3	C3	C3	C3	0	0	0
Tetanus neonatorum	1	0	0	0	0	0	0	A3	B3	B3	B3	B2	B3	B3	C3	C3	A3	0	0	0
Posttraumatic wound infection	1	1	3	2	1	0	1	B3	C3	B2	C3	B3	B3	B3	B2	B3	B2	0	0	0
Postoperative infection	1	0	1	0	0	0	0	B2	C3	B3	B2	A2	B3	B3	C3	C3	C3	1	0	0

Cholera

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Must know</i>
Etiology	<i>Level two</i>	<i>Must know</i>
Pathophysiology	<i>Level three</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level three</i>	<i>Better to know</i>
Prevention	<i>Level two</i>	<i>Must know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Typhoid and paratyphoid fevers

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Advanced conclusive treatment is a GP's task.
Referral	The patient must be referred after primary or conclusive treatment, if complications occur.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Must know</i>
Etiology	<i>Level two</i>	<i>Must know</i>
Pathophysiology	<i>Level three</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level two</i>	<i>Must know</i>
Prevention	<i>Level two</i>	<i>Must know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	0

Salmonella gastroenteritis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Advanced conclusive treatment is a GP's task.
Referral	The patient must be referred after primary or conclusive treatment, if complications occur.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level three</i>	<i>Better to know</i>
Prevention	<i>Level two</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	0

Shigellosis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Advanced conclusive treatment is a GP's task.
Referral	The patient must be referred after primary or conclusive treatment, if complications occur.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level two</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level three</i>	<i>Better to know</i>
Prevention	<i>Level two</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	0

Amebiasis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Advanced conclusive treatment is a GP's task.
Referral	The patient must be referred after primary or conclusive treatment, if complications occur.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Must know</i>
Pathophysiology	<i>Level two</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level three</i>	<i>Better to know</i>
Prevention	<i>Level two</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	0

Giardiasis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Advanced conclusive treatment is a GP's task.
Referral	The patient must be referred after primary or conclusive treatment, if complications occur.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Must know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level one</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level one</i>	<i>Must know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level two</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	2
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	2

E. coli gastroenteritis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Advanced conclusive treatment is a GP's task.
Referral	The patient must be referred after primary or conclusive treatment, if complications occur.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level three</i>	<i>Better to know</i>
Prevention	<i>Level two</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	0

Pulmonary tuberculosis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be followed in his/her home for direct supervision on medication.
Prevention	Prevention is a GP's task by risk factor screening, avoidance and treatment.
Screening	Screening high risk people visited at office is a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level two</i>	<i>Better to know</i>
Clinical manifestation	<i>Level one</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level one</i>	<i>Must know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level three</i>	<i>Must know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	3
Minimum required disease management under supervision of senior physician	2
Minimum required independent disease management:	1

Extrapulmonary tuberculosis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	The patient must be followed in his/her home for direct supervision on medication.
Prevention	Prevention is a GP's task by vaccination.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Nice to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level two</i>	<i>Better to know</i>
Clinical manifestation	<i>Level one</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level three</i>	<i>Must know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Plague

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Tularemia

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level four</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Anthrax

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level two</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Brucellosis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Advanced conclusive treatment is a GP's task.
Referral	The patient must be referred after primary or conclusive treatment, if complications occur.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Must know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Better to know</i>
Clinical manifestation	<i>Level one</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level one</i>	<i>Must know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level two</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	2
Minimum required disease management under supervision of senior physician	2
Minimum required independent disease management:	1

Listeriosis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level four</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Leprosy

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Diphtheria

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after stabilization.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is a GP's task by vaccination.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level two</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Whooping cough

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is a GP's task by vaccination.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level three</i>	<i>Better to know</i>
Prevention	<i>Level three</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Scarlet fever

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Advanced conclusive treatment is a GP's task.
Referral	The patient must be referred after primary or conclusive treatment, if complications occur.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level two</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Erysipelas

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Advanced conclusive treatment is a GP's task.
Referral	The patient must be referred after primary or conclusive treatment, if complications occur.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level three</i>	<i>Better to know</i>
Prevention	<i>Level two</i>	<i>Must know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Meningococcal infection

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after stabilization.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Must know</i>
Pathophysiology	<i>Level two</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Better to know</i>
Prevention	<i>Level two</i>	<i>Must know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Tetanus

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is a GP's task by vaccination.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level two</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level two</i>	<i>Must know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Septicemia

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after stabilization.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Nice to know</i>
Etiology	<i>Level two</i>	<i>Must know</i>
Pathophysiology	<i>Level three</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level three</i>	<i>Must know</i>
Complication-Prognosis	<i>Level three</i>	<i>Must know</i>
Prevention	<i>Level three</i>	<i>Must know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Actinomycotic infections

GP's Tasks in IRAN

Diagnosis	Diagnosis is not a GP's task.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level four</i>	<i>No need to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level three</i>	<i>Nice to know</i>
Paraclinic	<i>Level four</i>	<i>No need to know</i>
Diagnostic approach	<i>Level four</i>	<i>Nice to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level four</i>	<i>No need to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Gas gangrene

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Human immunodeficiency virus infection

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening high risk people visited at office is a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Must know</i>
Etiology	<i>Level two</i>	<i>Must know</i>
Pathophysiology	<i>Level three</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Better to know</i>
Prevention	<i>Level two</i>	<i>Must know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Acute poliomyelitis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is a GP's task by vaccination.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Better to know</i>
Prevention	<i>Level two</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Bovine spongiform encephalitis

GP's Tasks in IRAN

Diagnosis	Diagnosis is not a GP's task.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>No need to know</i>
Clinical manifestation	<i>Level three</i>	<i>Nice to know</i>
Paraclinic	<i>Level three</i>	<i>Nice to know</i>
Diagnostic approach	<i>Level three</i>	<i>Nice to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Viral meningitis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Chickenpox

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Advanced conclusive treatment is a GP's task.
Referral	The patient must be referred after primary or conclusive treatment, if complications occur.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Must know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level two</i>	<i>Must know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	2
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	1

Herpes zoster

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level two</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	1

Herpes simplex

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level three</i>	<i>Better to know</i>
Prevention	<i>Level two</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	0

Measles

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Advanced conclusive treatment is a GP's task.
Referral	The patient must be referred after primary or conclusive treatment, if complications occur.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is a GP's task by vaccination.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level two</i>	<i>Must know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Rubella

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Advanced conclusive treatment is a GP's task.
Referral	The patient must be referred after primary or conclusive treatment, if complications occur.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is a GP's task by vaccination.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Must know</i>
Therapeutic approach	<i>Level three</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level two</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Erythema infectiosum (fifth disease)

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Advanced conclusive treatment is a GP's task.
Referral	The patient must be referred after primary or conclusive treatment, if complications occur.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Exanthema subitum (sixth disease)

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Advanced conclusive treatment is a GP's task.
Referral	The patient must be referred after primary or conclusive treatment, if complications occur.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Fourth disease

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Advanced conclusive treatment is a GP's task.
Referral	The patient must be referred after primary or conclusive treatment, if complications occur.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Better to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Yellow fever

GP's Tasks in IRAN

Diagnosis	Diagnosis is not a GP's task.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level four</i>	<i>No need to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level three</i>	<i>Nice to know</i>
Paraclinic	<i>Level four</i>	<i>No need to know</i>
Diagnostic approach	<i>Level four</i>	<i>No need to know</i>
Therapeutic approach	<i>Level four</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level four</i>	<i>No need to know</i>
Prevention	<i>Level four</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Dengue fever

GP's Tasks in IRAN

Diagnosis	Diagnosis is not a GP's task.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level four</i>	<i>No need to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level three</i>	<i>Nice to know</i>
Paraclinic	<i>Level four</i>	<i>No need to know</i>
Diagnostic approach	<i>Level four</i>	<i>No need to know</i>
Therapeutic approach	<i>Level four</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level four</i>	<i>No need to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Viral encephalitis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Crimean congo hemorrhagic fever

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level two</i>	<i>Nice to know</i>
Etiology	<i>Level two</i>	<i>Nice to know</i>
Pathophysiology	<i>Level two</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Nice to know</i>
Prevention	<i>Level two</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Viral hemorrhagic fever

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level four</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level four</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level four</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Viral hepatitis A

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Advanced conclusive treatment is a GP's task.
Referral	The patient must be referred after primary or conclusive treatment, if complications occur.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Must know</i>
Etiology	<i>Level two</i>	<i>Must know</i>
Pathophysiology	<i>Level three</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level two</i>	<i>Must know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	0

Viral hepatitis B

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on diagnosis.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is a GP's task by vaccination.
Screening	Screening high risk people visited at office is a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Must know</i>
Etiology	<i>Level two</i>	<i>Must know</i>
Pathophysiology	<i>Level three</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level two</i>	<i>Must know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	0

Viral hepatitis C

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on diagnosis.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening high risk people visited at office is a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Must know</i>
Etiology	<i>Level two</i>	<i>Must know</i>
Pathophysiology	<i>Level three</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level two</i>	<i>Must know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	0

Viral hepatitis E

GP's Tasks in IRAN

Diagnosis	Diagnosis is not a GP's task.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Nice to know</i>
Paraclinic	<i>Level two</i>	<i>Nice to know</i>
Diagnostic approach	<i>Level two</i>	<i>Nice to know</i>
Therapeutic approach	<i>Level two</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Better to know</i>
Prevention	<i>Level two</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Rabies

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after stabilization.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is a GP's task by vaccination.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Better to know</i>
Prevention	<i>Level two</i>	<i>Must know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Mumps

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Advanced conclusive treatment is a GP's task.
Referral	The patient must be referred after primary or conclusive treatment, if complications occur.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is a GP's task by vaccination.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level three</i>	<i>Better to know</i>
Prevention	<i>Level two</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	0

Enteroviral infection

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Advanced conclusive treatment is a GP's task.
Referral	The patient must be referred after primary or conclusive treatment, if complications occur.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Better to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Trachoma

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Pharyngoconjunctival fever

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Advanced conclusive treatment is a GP's task.
Referral	The patient must be referred after primary or conclusive treatment, if complications occur.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Viral warts

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	0

Cat-scratch disease

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Cytomegaloviral infection

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level four</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Better to know</i>
Prevention	<i>Level three</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Typhus

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Malaria

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Advanced conclusive treatment is a GP's task.
Referral	The patient must be referred after primary or conclusive treatment, if complications occur.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Must know</i>
Etiology	<i>Level two</i>	<i>Must know</i>
Pathophysiology	<i>Level two</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level three</i>	<i>Must know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Falciparum malaria

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after stabilization.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Must know</i>
Etiology	<i>Level two</i>	<i>Must know</i>
Pathophysiology	<i>Level two</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level two</i>	<i>Must know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Cutaneous leishmaniasis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Must know</i>
Etiology	<i>Level three</i>	<i>Must know</i>
Pathophysiology	<i>Level three</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level three</i>	<i>Must know</i>
Complication-Prognosis	<i>Level three</i>	<i>Better to know</i>
Prevention	<i>Level two</i>	<i>Must know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Visceral leishmaniasis (kala-azar)

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Nice to know</i>
Prevention	<i>Level two</i>	<i>Must know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Relapsing fever

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Bartonellosis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>No need to know</i>
Etiology	<i>Level four</i>	<i>Nice to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level four</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Lyme disease

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Early syphilis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening high risk people visited at office is a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Must know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level two</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level three</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level two</i>	<i>Must know</i>
Prevention	<i>Level two</i>	<i>Must know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Secondary syphilis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on diagnosis.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Tertiary syphilis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on diagnosis.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>No need to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Latent syphilis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on diagnosis.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Better to know</i>
Prevention	<i>Level two</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Genital chancre

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Must know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level two</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level two</i>	<i>Must know</i>
Prevention	<i>Level two</i>	<i>Must know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Gonococcal infections of lower genitourinary tract

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Advanced conclusive treatment is a GP's task.
Referral	The patient must be referred after primary or conclusive treatment, if complications occur.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Must know</i>
Etiology	<i>Level two</i>	<i>Must know</i>
Pathophysiology	<i>Level two</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level two</i>	<i>Must know</i>
Prevention	<i>Level two</i>	<i>Must know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	0

Gonococcal infections of upper genitourinary tract

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Must know</i>
Etiology	<i>Level two</i>	<i>Must know</i>
Pathophysiology	<i>Level two</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level two</i>	<i>Must know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Chancroid

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Better to know</i>
Prevention	<i>Level two</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Lymphogranuloma venereum

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level two</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Leptospirosis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Systemic candidiasis

GP's Tasks in IRAN

Diagnosis	Diagnosis is not a GP's task.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Nice to know</i>
Paraclinic	<i>Level two</i>	<i>Nice to know</i>
Diagnostic approach	<i>Level two</i>	<i>Nice to know</i>
Therapeutic approach	<i>Level two</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level two</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Thrush (oral)

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Advanced conclusive treatment is a GP's task.
Referral	The patient must be referred after primary or conclusive treatment, if complications occur.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level three</i>	<i>Better to know</i>
Prevention	<i>Level three</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	1

Candidal esophagitis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level four</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Coccidioidomycosis

GP's Tasks in IRAN

Diagnosis	Diagnosis is not a GP's task.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level four</i>	<i>No need to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level four</i>	<i>No need to know</i>
Paraclinic	<i>Level four</i>	<i>No need to know</i>
Diagnostic approach	<i>Level three</i>	<i>No need to know</i>
Therapeutic approach	<i>Level four</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level four</i>	<i>No need to know</i>
Prevention	<i>Level three</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Histoplasmosis

GP's Tasks in IRAN

Diagnosis	Diagnosis is not a GP's task.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level four</i>	<i>No need to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level four</i>	<i>Nice to know</i>
Paraclinic	<i>Level four</i>	<i>No need to know</i>
Diagnostic approach	<i>Level four</i>	<i>No need to know</i>
Therapeutic approach	<i>Level four</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level four</i>	<i>No need to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Blastomycotic infection

GP's Tasks in IRAN

Diagnosis	Diagnosis is not a GP's task.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level four</i>	<i>No need to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level four</i>	<i>No need to know</i>
Paraclinic	<i>Level four</i>	<i>No need to know</i>
Diagnostic approach	<i>Level three</i>	<i>No need to know</i>
Therapeutic approach	<i>Level four</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level four</i>	<i>No need to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Aspergillosis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level four</i>	<i>No need to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level four</i>	<i>No need to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Schistosomiasis (bilharziasis)

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Nice to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level four</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Fascioliasis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level two</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Better to know</i>
Prevention	<i>Level three</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Echinococcosis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Better to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Taenia solium infection

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Advanced conclusive treatment is a GP's task.
Referral	The patient must be referred after primary or conclusive treatment, if complications occur.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level four</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Cysticercosis

GP's Tasks in IRAN

Diagnosis	Diagnosis is not a GP's task.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level three</i>	<i>Nice to know</i>
Paraclinic	<i>Level four</i>	<i>No need to know</i>
Diagnostic approach	<i>Level four</i>	<i>Nice to know</i>
Therapeutic approach	<i>Level four</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level four</i>	<i>No need to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Taenia saginata infection

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Advanced conclusive treatment is a GP's task.
Referral	The patient must be referred after primary or conclusive treatment, if complications occur.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level three</i>	<i>Better to know</i>
Prevention	<i>Level two</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Diphyllobothriasis

GP's Tasks in IRAN

Diagnosis	Diagnosis is not a GP's task.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level four</i>	<i>Better to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level four</i>	<i>No need to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level four</i>	<i>Nice to know</i>
Paraclinic	<i>Level four</i>	<i>No need to know</i>
Diagnostic approach	<i>Level four</i>	<i>No need to know</i>
Therapeutic approach	<i>Level four</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level four</i>	<i>No need to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Hymenolepiasis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Advanced conclusive treatment is a GP's task.
Referral	The patient must be referred after primary or conclusive treatment, if complications occur.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level three</i>	<i>Better to know</i>
Prevention	<i>Level three</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Trichinosis

GP's Tasks in IRAN

Diagnosis	Diagnosis is not a GP's task.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Nice to know</i>
Paraclinic	<i>Level three</i>	<i>Nice to know</i>
Diagnostic approach	<i>Level three</i>	<i>Nice to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Filarial infection

GP's Tasks in IRAN

Diagnosis	Diagnosis is not a GP's task.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level four</i>	<i>Nice to know</i>
Paraclinic	<i>Level three</i>	<i>No need to know</i>
Diagnostic approach	<i>Level four</i>	<i>Nice to know</i>
Therapeutic approach	<i>Level four</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level four</i>	<i>No need to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Ancylostomiasis and necatoriasis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Advanced conclusive treatment is a GP's task.
Referral	The patient must be referred after primary or conclusive treatment, if complications occur.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level three</i>	<i>Better to know</i>
Prevention	<i>Level three</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Cutaneous larva migrans

GP's Tasks in IRAN

Diagnosis	Diagnosis is not a GP's task.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level four</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Nice to know</i>
Paraclinic	<i>Level three</i>	<i>Nice to know</i>
Diagnostic approach	<i>Level three</i>	<i>Nice to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Ascariasis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Advanced conclusive treatment is a GP's task.
Referral	The patient must be referred after primary or conclusive treatment, if complications occur.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level three</i>	<i>Better to know</i>
Prevention	<i>Level three</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	1

Strongyloidiasis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Advanced conclusive treatment is a GP's task.
Referral	The patient must be referred after primary or conclusive treatment, if complications occur.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Trichuriasis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Advanced conclusive treatment is a GP's task.
Referral	The patient must be referred after primary or conclusive treatment, if complications occur.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Enterobiasis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Advanced conclusive treatment is a GP's task.
Referral	The patient must be referred after primary or conclusive treatment, if complications occur.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level three</i>	<i>Better to know</i>
Prevention	<i>Level three</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Trichostrongyliasis

GP's Tasks in IRAN

Diagnosis	Diagnosis is not a GP's task.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Nice to know</i>
Paraclinic	<i>Level three</i>	<i>Nice to know</i>
Diagnostic approach	<i>Level three</i>	<i>Nice to know</i>
Therapeutic approach	<i>Level two</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Toxocariasis

GP's Tasks in IRAN

Diagnosis	Diagnosis is not a GP's task.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level four</i>	<i>No need to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level three</i>	<i>Nice to know</i>
Paraclinic	<i>Level three</i>	<i>Nice to know</i>
Diagnostic approach	<i>Level three</i>	<i>Nice to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Toxoplasmosis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level two</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Trichomoniasis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Advanced conclusive treatment is a GP's task.
Referral	The patient must be referred after primary or conclusive treatment, if complications occur.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level three</i>	<i>Better to know</i>
Prevention	<i>Level three</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Pediculosis and Phthirus infestation

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Advanced conclusive treatment is a GP's task.
Referral	The patient must be referred after primary or conclusive treatment, if complications occur.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Better to know</i>
Clinical manifestation	<i>Level three</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level three</i>	<i>Better to know</i>
Prevention	<i>Level three</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Myiasis

GP's Tasks in IRAN

Diagnosis	Diagnosis is not a GP's task.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>No need to know</i>
Etiology	<i>Level four</i>	<i>No need to know</i>
Pathophysiology	<i>Level four</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Nice to know</i>
Paraclinic	<i>Level three</i>	<i>Nice to know</i>
Diagnostic approach	<i>Level three</i>	<i>Nice to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Pneumonia due to pneumocystis carinii

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level four</i>	<i>Nice to know</i>
Pathophysiology	<i>Level four</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level four</i>	<i>Better to know</i>
Diagnostic approach	<i>Level four</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level four</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Bacterial meningitis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after stabilization.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level two</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level two</i>	<i>Must know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	1

Acute nasopharyngitis (common cold)

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Advanced conclusive treatment is a GP's task.
Referral	The patient must be referred after primary or conclusive treatment, if complications occur.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Must know</i>
Etiology	<i>Level two</i>	<i>Must know</i>
Pathophysiology	<i>Level two</i>	<i>Better to know</i>
Clinical manifestation	<i>Level one</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level one</i>	<i>Must know</i>
Complication-Prognosis	<i>Level two</i>	<i>Must know</i>
Prevention	<i>Level two</i>	<i>Must know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	2
Minimum required disease management under supervision of senior physician	2
Minimum required independent disease management:	2

Streptococcal pharyngitis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Advanced conclusive treatment is a GP's task.
Referral	The patient must be referred after primary or conclusive treatment, if complications occur.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Must know</i>
Pathophysiology	<i>Level two</i>	<i>Better to know</i>
Clinical manifestation	<i>Level one</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level one</i>	<i>Must know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level two</i>	<i>Must know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	3
Minimum required disease management under supervision of senior physician	2
Minimum required independent disease management:	2

Acute sinusitis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Must know</i>
Pathophysiology	<i>Level three</i>	<i>Better to know</i>
Clinical manifestation	<i>Level one</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level one</i>	<i>Must know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level two</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	2
Minimum required disease management under supervision of senior physician	2
Minimum required independent disease management:	2

Vincent's angina

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Infectious mononucleosis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Advanced conclusive treatment is a GP's task.
Referral	The patient must be referred after primary or conclusive treatment, if complications occur.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Must know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Better to know</i>
Prevention	<i>Level three</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Chronic pharyngitis and nasopharyngitis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level two</i>	<i>Must know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Chronic sinusitis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Must know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level one</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level one</i>	<i>Must know</i>
Complication-Prognosis	<i>Level two</i>	<i>Must know</i>
Prevention	<i>Level two</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	1

Peritonsillar abscess

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Better to know</i>
Clinical manifestation	<i>Level three</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Chronic laryngitis and laryngotracheitis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Viral pneumonia

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Advanced conclusive treatment is a GP's task.
Referral	The patient must be referred after primary or conclusive treatment, if complications occur.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	1

Bacterial pneumonia

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Must know</i>
Etiology	<i>Level two</i>	<i>Must know</i>
Pathophysiology	<i>Level two</i>	<i>Better to know</i>
Clinical manifestation	<i>Level one</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level one</i>	<i>Must know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level three</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	2
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	1

Influenza

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Must know</i>
Etiology	<i>Level two</i>	<i>Must know</i>
Pathophysiology	<i>Level three</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level two</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	0

Chronic bronchitis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level one</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level one</i>	<i>Must know</i>
Complication-Prognosis	<i>Level three</i>	<i>Better to know</i>
Prevention	<i>Level three</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	2
Minimum required disease management under supervision of senior physician	2
Minimum required independent disease management:	1

Bronchiectasis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on diagnosis.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Empyema

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Pleurisy

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on diagnosis.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Abscess of lung

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Abscess of mediastinum

GP's Tasks in IRAN

Diagnosis	Diagnosis is not a GP's task.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level four</i>	<i>No need to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level three</i>	<i>Nice to know</i>
Paraclinic	<i>Level three</i>	<i>Nice to know</i>
Diagnostic approach	<i>Level three</i>	<i>Nice to know</i>
Therapeutic approach	<i>Level four</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Chronic hepatitis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Abscess of liver

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>No need to know</i>
Clinical manifestation	<i>Level one</i>	<i>Better to know</i>
Paraclinic	<i>Level one</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level three</i>	<i>No need to know</i>
Prevention	<i>Level three</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Septic shock

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after stabilization.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Better to know</i>
Prevention	<i>Level three</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Carbuncle and furuncle

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Advanced conclusive treatment is a GP's task.
Referral	The patient must be referred after primary or conclusive treatment, if complications occur.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Better to know</i>
Clinical manifestation	<i>Level three</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level three</i>	<i>Better to know</i>
Prevention	<i>Level three</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	0

Cellulitis and abscess of finger and toe

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	0

Impetigo

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Advanced conclusive treatment is a GP's task.
Referral	The patient must be referred after primary or conclusive treatment, if complications occur.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level two</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level three</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	0

Scalded skin syndrome

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level four</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level four</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Toxic epidermal necrolysis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Nice to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Tetanus neonatorum

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Must know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Posttraumatic wound infection

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Better to know</i>
Prevention	<i>Level two</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Postoperative infection

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on diagnosis.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level two</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

LEGAL MEDICINE

LEGAL MEDICINE	General Practitioner Tasks							Theoretical Clinical Educational Needs										Practical Educational Needs		
	Diagnosis	Treatment	Referral	Follow up	Prevention	Screening	Patient Education	Definition	Epidemiology	Etiology	Pathophysiology	Clinical manifes.	Paraclinic	Diagnostic app.	Therapeutic app.	Complication	Prevention	Observation	Collaboration	Independent
DISEASES																				
Pedophilia	1	0	1	0	0	0	0	B2	C2	C2	C2	B3	B3	B3	C3	C3	D3	0	0	0
Noise effects on inner ear	2	0	1	0	1	0	1	B2	C3	C1	C2	B3	B3	B3	C3	C3	C3	0	0	0
Acoustic trauma (explosive) to ear	1	0	1	0	0	0	0	B2	C3	C3	C3	B2	C3	B2	C2	C2	C2	0	0	0
Munchausen syndrome by proxy	1	0	0	0	0	0	0	C2	D3	D3	D3	B3	C3	B3	D3	D3	D3	0	0	0
Family violence	1	1	3	2	0	0	1	A2	B2	B2	C3	A2	B2	A2	A2	C2	B2	0	0	0
Attempt suicide	1	1	2	0	0	0	0	B2	C2	C2	C2	B2	C2	B2	B2	C2	B2	0	0	0
Gunshot injury	1	0	1	0	0	0	0	B2	C3	C3	B2	B2	C2	B2	C3	C3	C3	0	0	0
Shotgun injury	1	0	1	0	0	0	0	B2	C3	C3	B2	B2	C2	B2	C3	C3	C3	0	0	0
Stab wound injury	1	1	2	0	0	0	0	B2	C3	C3	C3	B2	C2	B2	B2	B2	C2	0	0	0
Rape	1	0	0	0	0	0	0	C2	C3	D3	D3	B2	B2	B2	C2	C2	D3	0	0	0
Chemical burns	1	1	3	2	0	0	1	B2	C2	B2	B2	B2	C2	B2	B2	B2	C3	0	0	0
Heat burns	1	1	3	2	0	0	1	A2	C2	B2	B2	A2	C2	B2	A2	B2	B3	0	0	0
Thallium Poisoning	0	0	0	0	0	0	0	C2	D3	D3	D3	C3	C3	C3	D4	D4	D4	0	0	0
Nerve agents (Sarin, VX)	1	1	2	0	0	0	0	B2	C2	B2	B2	B2	C3	B2	B2	C2	C2	0	0	0
Vesicants (Mustard, Lewisite)	1	1	2	0	0	0	0	B2	C2	B2	B2	B2	C3	B2	B2	C2	C2	0	0	0
Blood agents (Hydrogen cyanide)	1	1	2	0	0	0	0	B2	C2	B2	B2	B2	C3	B2	B2	C2	C2	0	0	0
Lachrymatory agents (Tear gas, Pepper spray)	1	0	0	0	0	0	0	B2	C2	B2	C2	B2	C3	B2	C2	C2	C2	0	0	0
Incapacitating agents (BZ)	0	0	0	0	0	0	0	C2	D3	D3	D3	C2	D3	C2	D3	D3	D3	0	0	0
Exposure to ionizing radiation	0	0	0	0	0	0	0	C2	D3	D3	C3	C2	D3	C2	D3	D3	D3	0	0	0
Biological Warfare Agents	1	0	0	0	0	0	0	B2	C3	B2	C2	B2	B2	B2	C3	C3	D3	0	0	0
Illegally induced abortion	2	0	0	0	0	0	0	A2	B2	B3	B3	A2	A2	A2	C3	B2	C2	0	0	0

LEGAL MEDICINE	General Practitioner Tasks							Theoretical Clinical Educational Needs										Practical Educational Needs		
	Diagnosis	Treatment	Referral	Follow up	Prevention	Screening	Patient Education	Definition	Epidemiology	Etiology	Pathophysiology	Clinical manifes.	Paraclinic	Diagnostic app.	Therapeutic app.	Complication	Prevention	Observation	Collaboration	Independent
<i>DISEASES</i>																				
Insect bite	1	1	4	1	0	0	1	A2	B2	B2	B2	A2	A2	A2	A2	B2	B2	1	1	0
Poisoning by quinoline and hydroxyquinoline derivatives	2	1	2	0	0	0	0	B2	D3	D3	C3	B2	B2	B2	B3	D3	C3	0	0	0
Poisoning by androgens and anabolic streoids	1	0	1	0	0	0	0	B2	D3	D3	D3	B2	C3	B3	C3	C3	C3	0	0	0
Poisoning by estrogens and progestrons	1	0	1	0	0	0	0	B2	D3	D3	D3	B2	C3	B3	C3	C3	C3	0	0	0
Poisoning by insulins and antidiabetic agents	2	1	2	2	0	0	1	A2	C3	B2	B2	A2	A2	A2	A2	B2	B2	0	0	0
Poisoning by thyroxin and thyroid derivatives	1	0	0	0	0	0	0	B2	D3	D3	D3	B3	C2	B2	C3	D4	D4	0	0	0
Poisoning by antiallergic drugs	1	1	3	1	0	0	1	A3	B2	C4	B2	A2	C3	B3	B3	B3	C3	0	0	0
Poisoning by anticoagulants	2	1	2	0	0	0	0	A3	C3	C3	C3	A3	A3	B2	B2	C3	D3	0	0	0
Poisoning by opiates and related narcotics	2	1	3	2	1	0	1	A2	B3	B3	B3	A2	A2	A2	A2	A2	B2	1	1	1
Poisoning by salicylates	2	1	3	1	0	0	1	A2	C3	C3	C3	A2	B2	A2	B2	B2	B2	0	0	0
Poisoning by NSAIDs	1	1	3	1	0	0	1	A2	C3	C3	C3	A2	B2	A2	B2	B2	B2	0	0	0
Poisoning by anticonvulsants drugs	2	1	3	1	1	0	1	B3	C3	D3	D3	B2	C3	B3	B3	C3	C3	0	0	0
Poisoning by anti-Parkinsonism drugs	2	1	3	1	1	0	1	B3	C3	D3	D3	B2	C3	B3	B3	C3	C3	0	0	0
Poisoning by sedatives and hypnotics	1	1	3	1	0	0	1	A2	C3	C3	C3	A2	C3	B2	B2	B2	B3	1	1	1
Poisoning by lidocaine	1	1	3	0	0	0	1	B3	D3	D3	D3	B2	D4	B3	B3	D3	C3	0	0	0
Poisoning by antidepressants	2	1	2	0	1	0	0	A2	B3	C3	C3	A2	A2	A2	B2	B2	C3	1	1	1
Poisoning by antipsychotic drugs	1	1	2	0	1	0	0	B2	C3	C3	C3	B2	C3	B3	B3	C3	C3	0	0	0
Poisoning by hallucinogens	1	0	0	0	0	0	0	B3	C3	C3	C3	B3	B3	B3	C3	C3	C3	0	0	0
Poisoning by psychostimulants	1	0	0	0	0	0	0	B3	C3	C3	C3	B3	B3	B3	C3	C3	C3	0	0	0
Poisoning by parasympathomimetics	1	1	3	1	1	0	1	A2	B2	B3	B3	A2	A2	A2	A2	A2	B2	1	1	0
Poisoning by parasympatholytics and spasmolytics	1	1	3	1	1	0	1	A2	B2	B3	B3	A2	A2	A2	A2	A2	B2	0	0	0

	General Practitioner Tasks							Theoretical Clinical Educational Needs										Practical Educational Needs		
LEGAL MEDICINE	Diagnosis	Treatment	Referral	Follow up	Prevention	Screening	Patient Education	Definition	Epidemiology	Etiology	Pathophysiology	Clinical manifes.	Paraclinic	Diagnostic app.	Therapeutic app.	Complication	Prevention	Observation	Collaboration	Independent
DISEASES																				
Poisoning by sympathomimetics	1	0	0	0	0	0	0	B2	C3	C3	C3	B2	C3	B3	C3	C3	C3	0	0	0
Poisoning by sympatholytics	1	0	0	0	0	0	0	B2	C3	C3	C3	B2	C3	B3	C3	C3	C3	0	0	0
Poisoning by antiarrhythmics drugs	2	0	0	0	1	0	0	C3	D4	D4	D4	B3	C3	B3	D4	D4	D4	0	0	0
Poisoning by digoxin	2	0	0	0	0	0	0	B2	D3	D3	D3	B3	B3	B3	C3	D3	D3	0	0	0
Poisoning by coronary vasodilators	1	1	3	1	1	0	1	A2	B3	B3	B3	A2	A2	A2	B2	B2	B2	0	0	0
Poisoning by antidiarrheal drugs	1	1	3	1	1	0	1	B2	C3	C3	C3	B3	B3	B3	B3	C3	D3	0	0	0
Poisoning by metoclopramide	1	1	3	1	1	0	1	A2	B2	B2	B2	A2	C2	B2	A2	D4	B2	1	1	0
Toxic effect of alcohol	2	1	3	1	1	0	1	A2	A2	B2	B2	A2	A2	A2	A2	A2	C3	0	0	0
Toxic effect of solvents	1	0	0	0	0	0	0	B3	D3	D3	D3	B3	B3	B3	D3	D3	D3	0	0	0
Toxic effect of lead	2	0	0	0	1	1	1	A2	C3	C3	C3	A2	B3	B3	C3	C3	A2	0	0	0
Toxic effect of mercury	0	0	0	0	0	0	0	C3	D4	D4	D4	C3	C3	C3	D3	D3	D3	0	0	0
Toxic effect of arsenic	1	1	2	0	0	0	0	B3	C3	B3	D4	B3	C3	B3	B3	C3	C3	0	0	0
Toxic effect of carbon monoxide	1	1	2	0	1	0	0	A2	A2	B2	B2	A2	A2	A2	A2	B2	B2	0	0	0
Toxic effect of petroleum	1	1	3	1	1	0	1	A2	A2	B2	B2	A2	A2	A2	A2	B2	B2	0	0	0
Toxic effect of chlorine gas	1	1	3	1	1	0	1	B3	D3	D3	D3	B3	B3	B3	B3	C3	C3	0	0	0
Toxic effect of phosgene	0	0	0	0	0	0	0	C2	D3	D3	D3	C3	D4	C3	D4	D4	D4	0	0	0
Frostbite	1	1	2	0	0	0	0	A2	B3	B3	C3	A2	A2	A2	B3	B3	B3	0	0	0
Heat stroke	1	1	3	2	0	0	1	A2	C2	C2	C2	B2	B2	B2	B2	B2	B2	0	0	0
Dog bite	1	1	3	2	1	0	1	A2	B2	B2	B2	A2	A2	A2	A2	A2	B2	0	0	0
Snake bite	1	1	3	2	1	0	1	A2	B2	B2	B2	A2	A2	A2	A2	A2	B2	0	0	0
Scorpion bite	1	1	3	2	1	0	1	A2	B2	B2	B2	A2	A2	A2	A2	A2	B2	0	0	0

LEGAL MEDICINE	General Practitioner Tasks							Theoretical Clinical Educational Needs										Practical Educational Needs		
	Diagnosis	Treatment	Referral	Follow up	Prevention	Screening	Patient Education	Definition	Epidemiology	Etiology	Pathophysiology	Clinical manifes.	Paraclinic	Diagnostic app.	Therapeutic app.	Complication	Prevention	Observation	Collaboration	Independent
<i>DISEASES</i>																				
Near drowning	1	1	2	0	0	0	0	A2	B2	B3	B3	A2	B3	B3	A2	B2	B2	0	0	0
Asphyxiation and strangulation	2	1	2	0	1	0	0	B2	C2	C2	C2	B2	B2	B2	B2	B2	B2	0	0	0
Suffocation	2	1	2	0	1	0	0	B2	C2	C2	C2	B2	B2	B2	B2	B2	A2	0	0	0
Effects of electric current	1	1	2	0	1	0	0	B2	C2	C2	C3	B2	B3	B3	B2	C3	B2	0	0	0
Child emotional neglect	1	1	3	2	1	0	1	A2	B2	B2	B2	A2	C2	A2	A2	A2	A2	0	0	0
Child physical neglect	1	1	3	2	1	0	1	A2	B2	B2	B2	A2	C2	A2	A2	A2	A2	0	0	0
Child emotional abuse	1	0	0	0	0	1	0	A2	C3	C3	C3	A2	B3	B3	C3	C3	C3	0	0	0
Child sexual abuse	2	1	3	2	1	1	1	A2	A2	B2	B2	A2	A2	A2	A2	A2	B2	0	0	0
Child physical abuse	2	1	2	2	1	0	1	A2	B2	B2	B2	A2	A2	A2	A2	A2	B2	0	0	0
Shaken infant syndrome	2	1	2	2	1	0	1	A2	B3	B3	B3	A2	B2	A2	A2	A2	B2	0	0	0
Adult physical abuse	2	1	3	1	0	0	1	B2	B3	B3	C3	B2	C3	B2	B2	C2	C2	0	0	0
Battered child syndrome	2	1	2	2	1	0	1	A2	B2	B2	B2	A2	A2	A2	A2	A2	A2	0	0	0
Adult emotional abuse	1	1	3	1	0	0	1	B2	C2	C2	C2	B2	D3	B2	B2	B2	B2	0	0	0
Adult neglect (nutritional)	1	1	3	2	0	0	1	B2	C3	C3	C3	B2	C3	B2	B2	B2	B2	0	0	0

Pedophilia

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on diagnosis.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level two</i>	<i>Nice to know</i>
Etiology	<i>Level two</i>	<i>Nice to know</i>
Pathophysiology	<i>Level two</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Noise effects on inner ear

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on diagnosis.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level one</i>	<i>Nice to know</i>
Pathophysiology	<i>Level two</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Acoustic trauma (explosive) to ear

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on diagnosis.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Nice to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Nice to know</i>
Prevention	<i>Level two</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Munchausen syndrome by proxy

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Nice to know</i>
Epidemiology	<i>Level three</i>	<i>No need to know</i>
Etiology	<i>Level three</i>	<i>No need to know</i>
Pathophysiology	<i>Level three</i>	<i>No need to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Nice to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level three</i>	<i>No need to know</i>
Prevention	<i>Level three</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Family violence

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level two</i>	<i>Nice to know</i>
Prevention	<i>Level two</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Attempt suicide

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after stabilization.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level two</i>	<i>Nice to know</i>
Etiology	<i>Level two</i>	<i>Nice to know</i>
Pathophysiology	<i>Level two</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Nice to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Nice to know</i>
Prevention	<i>Level two</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Gunshot injury

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on diagnosis.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level two</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Nice to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Shotgun injury

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on diagnosis.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level two</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Nice to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Stab wound injury

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after stabilization.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Nice to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level two</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Rape

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Nice to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>No need to know</i>
Pathophysiology	<i>Level three</i>	<i>No need to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Chemical burns

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level two</i>	<i>Nice to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level two</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Nice to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Heat burns

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Nice to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level two</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Nice to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level three</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Thallium Poisoning

GP's Tasks in IRAN

Diagnosis	Diagnosis is not a GP's task.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Nice to know</i>
Epidemiology	<i>Level three</i>	<i>No need to know</i>
Etiology	<i>Level three</i>	<i>No need to know</i>
Pathophysiology	<i>Level three</i>	<i>No need to know</i>
Clinical manifestation	<i>Level three</i>	<i>Nice to know</i>
Paraclinic	<i>Level three</i>	<i>Nice to know</i>
Diagnostic approach	<i>Level three</i>	<i>Nice to know</i>
Therapeutic approach	<i>Level four</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level four</i>	<i>No need to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Nerve agents (Sarin, VX)

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after stabilization.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level two</i>	<i>Nice to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level two</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Nice to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Nice to know</i>
Prevention	<i>Level two</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Vesicants (Mustard, Lewisite)

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after stabilization.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level two</i>	<i>Nice to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level two</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Nice to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Nice to know</i>
Prevention	<i>Level two</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Blood agents (Hydrogen cyanide)

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after stabilization.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level two</i>	<i>Nice to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level two</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Nice to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Nice to know</i>
Prevention	<i>Level two</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Lachrymatory agents (Tear gas, Pepper spray)

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level two</i>	<i>Nice to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level two</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Nice to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Nice to know</i>
Prevention	<i>Level two</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Incapacitating agents (BZ)

GP's Tasks in IRAN

Diagnosis	Diagnosis is not a GP's task.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Nice to know</i>
Epidemiology	<i>Level three</i>	<i>No need to know</i>
Etiology	<i>Level three</i>	<i>No need to know</i>
Pathophysiology	<i>Level three</i>	<i>No need to know</i>
Clinical manifestation	<i>Level two</i>	<i>Nice to know</i>
Paraclinic	<i>Level three</i>	<i>No need to know</i>
Diagnostic approach	<i>Level two</i>	<i>Nice to know</i>
Therapeutic approach	<i>Level three</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level three</i>	<i>No need to know</i>
Prevention	<i>Level three</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Exposure to ionizing radiation

GP's Tasks in IRAN

Diagnosis	Diagnosis is not a GP's task.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Nice to know</i>
Epidemiology	<i>Level three</i>	<i>No need to know</i>
Etiology	<i>Level three</i>	<i>No need to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Nice to know</i>
Paraclinic	<i>Level three</i>	<i>No need to know</i>
Diagnostic approach	<i>Level two</i>	<i>Nice to know</i>
Therapeutic approach	<i>Level three</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level three</i>	<i>No need to know</i>
Prevention	<i>Level three</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Biological Warfare Agents

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level two</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Illegally induced abortion

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level two</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Insect bite

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary or conclusive treatment, if complications occur.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level two</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level two</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	0

Poisoning by quinoline and hydroxyquinoline derivatives

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after stabilization.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>No need to know</i>
Etiology	<i>Level three</i>	<i>No need to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level three</i>	<i>No need to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Poisoning by androgens and anabolic steroids

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on diagnosis.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>No need to know</i>
Etiology	<i>Level three</i>	<i>No need to know</i>
Pathophysiology	<i>Level three</i>	<i>No need to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Nice to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Poisoning by estrogens and progestrons

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on diagnosis.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>No need to know</i>
Etiology	<i>Level three</i>	<i>No need to know</i>
Pathophysiology	<i>Level three</i>	<i>No need to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Nice to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Poisoning by insulins and antidiabetic agents

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after stabilization.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level two</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level two</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Poisoning by thyroxine and thyroid derivatives

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>No need to know</i>
Etiology	<i>Level three</i>	<i>No need to know</i>
Pathophysiology	<i>Level three</i>	<i>No need to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Nice to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level four</i>	<i>No need to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Poisoning by antiallergic drugs

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level four</i>	<i>Nice to know</i>
Pathophysiology	<i>Level two</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Nice to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Better to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Poisoning by anticoagulants

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after stabilization.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Poisoning by opiates and related narcotics

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level two</i>	<i>Must know</i>
Prevention	<i>Level two</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	1

Poisoning by salicylates

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level two</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Poisoning by NSAIDs

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level two</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Poisoning by anticonvulsants drugs

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>No need to know</i>
Pathophysiology	<i>Level three</i>	<i>No need to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Nice to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Poisoning by anti-Parkinsonism drugs

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>No need to know</i>
Pathophysiology	<i>Level three</i>	<i>No need to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Nice to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Poisoning by sedatives and hypnotics

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Nice to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level three</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	1

Poisoning by lidocaine

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>No need to know</i>
Etiology	<i>Level three</i>	<i>No need to know</i>
Pathophysiology	<i>Level three</i>	<i>No need to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level four</i>	<i>No need to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level three</i>	<i>No need to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Poisoning by antidepressants

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after stabilization.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	1

Poisoning by antipsychotic drugs

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after stabilization.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Nice to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Poisoning by hallucinogens

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Poisoning by psychostimulants

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Poisoning by parasympathomimetics

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level two</i>	<i>Must know</i>
Prevention	<i>Level two</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	0

Poisoning by parasympatholytics and spasmolytics

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level two</i>	<i>Must know</i>
Prevention	<i>Level two</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Poisoning by sympathomimetics

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Nice to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Poisoning by sympatholytics

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Nice to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Poisoning by antiarrhythmics drugs

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Nice to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level four</i>	<i>No need to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Nice to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level four</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level four</i>	<i>No need to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Poisoning by digoxin

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>No need to know</i>
Etiology	<i>Level three</i>	<i>No need to know</i>
Pathophysiology	<i>Level three</i>	<i>No need to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>No need to know</i>
Prevention	<i>Level three</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Poisoning by coronary vasodilators

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level two</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Poisoning by antidiarrheal drugs

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Poisoning by metoclopramide

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level two</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Nice to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level four</i>	<i>No need to know</i>
Prevention	<i>Level two</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	0

Toxic effect of alcohol

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Must know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level two</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level two</i>	<i>Must know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Toxic effect of solvents

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>No need to know</i>
Etiology	<i>Level three</i>	<i>No need to know</i>
Pathophysiology	<i>Level three</i>	<i>No need to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level three</i>	<i>No need to know</i>
Prevention	<i>Level three</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Toxic effect of lead

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening high risk people visited at office is a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level two</i>	<i>Must know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Toxic effect of mercury

GP's Tasks in IRAN

Diagnosis	Diagnosis is not a GP's task.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Nice to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level four</i>	<i>No need to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level three</i>	<i>Nice to know</i>
Paraclinic	<i>Level three</i>	<i>Nice to know</i>
Diagnostic approach	<i>Level three</i>	<i>Nice to know</i>
Therapeutic approach	<i>Level three</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level three</i>	<i>No need to know</i>
Prevention	<i>Level three</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Toxic effect of arsenic

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after stabilization.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Nice to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Toxic effect of carbon monoxide

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after stabilization.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Must know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level two</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level two</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Toxic effect of petroleum

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Must know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level two</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level two</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Toxic effect of chlorine gas

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>No need to know</i>
Etiology	<i>Level three</i>	<i>No need to know</i>
Pathophysiology	<i>Level three</i>	<i>No need to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Toxic effect of phosgene

GP's Tasks in IRAN

Diagnosis	Diagnosis is not a GP's task.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Nice to know</i>
Epidemiology	<i>Level three</i>	<i>No need to know</i>
Etiology	<i>Level three</i>	<i>No need to know</i>
Pathophysiology	<i>Level three</i>	<i>No need to know</i>
Clinical manifestation	<i>Level three</i>	<i>Nice to know</i>
Paraclinic	<i>Level four</i>	<i>No need to know</i>
Diagnostic approach	<i>Level three</i>	<i>Nice to know</i>
Therapeutic approach	<i>Level four</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level four</i>	<i>No need to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Frostbite

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after stabilization.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level three</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Better to know</i>
Prevention	<i>Level three</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Heat stroke

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Nice to know</i>
Etiology	<i>Level two</i>	<i>Nice to know</i>
Pathophysiology	<i>Level two</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level two</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Dog bite

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level two</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level two</i>	<i>Must know</i>
Prevention	<i>Level two</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Snake bite

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level two</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level two</i>	<i>Must know</i>
Prevention	<i>Level two</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Scorpion bite

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level two</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level two</i>	<i>Must know</i>
Prevention	<i>Level two</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Near drowning

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after stabilization.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level two</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Asphyxiation and strangulation

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after stabilization.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level two</i>	<i>Nice to know</i>
Etiology	<i>Level two</i>	<i>Nice to know</i>
Pathophysiology	<i>Level two</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level two</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Suffocation

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after stabilization.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level two</i>	<i>Nice to know</i>
Etiology	<i>Level two</i>	<i>Nice to know</i>
Pathophysiology	<i>Level two</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level two</i>	<i>Must know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Effects of electric current

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after stabilization.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level two</i>	<i>Nice to know</i>
Etiology	<i>Level two</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level two</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Child emotional neglect

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level two</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Nice to know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level two</i>	<i>Must know</i>
Prevention	<i>Level two</i>	<i>Must know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Child physical neglect

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level two</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Nice to know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level two</i>	<i>Must know</i>
Prevention	<i>Level two</i>	<i>Must know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Child emotional abuse

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening high risk people visited at office is a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Child sexual abuse

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening high risk people visited at office is a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Must know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level two</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level two</i>	<i>Must know</i>
Prevention	<i>Level two</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Child physical abuse

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after stabilization.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level two</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level two</i>	<i>Must know</i>
Prevention	<i>Level two</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Shaken infant syndrome

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after stabilization.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level two</i>	<i>Must know</i>
Prevention	<i>Level two</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Adult physical abuse

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Nice to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Nice to know</i>
Prevention	<i>Level two</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Battered child syndrome

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after stabilization.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level two</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level two</i>	<i>Must know</i>
Prevention	<i>Level two</i>	<i>Must know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Adult emotional abuse

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level two</i>	<i>Nice to know</i>
Etiology	<i>Level two</i>	<i>Nice to know</i>
Pathophysiology	<i>Level two</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>No need to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level two</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Adult neglect (nutritional)

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Nice to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level two</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

NEPHROLOGY

NEPHROLOGY	General Practitioner Tasks							Theoretical Clinical Educational Needs										Practical Educational Needs		
	Diagnosis	Treatment	Referral	Follow up	Prevention	Screening	Patient Education	Definition	Epidemiology	Etiology	Pathophysiology	Clinical manifes.	Paraclinic	Diagnostic app.	Therapeutic app.	Complication	Prevention	Observation	Collaboration	Independent
DISEASES																				
Tuberculosis of genitourinary system	2	0	0	2	1	0	1	A3	C3	C3	C3	A2	A2	A2	C2	C2	C3	0	0	0
Malignant neoplasm of kidney	2	0	0	0	0	0	0	A2	C3	C3	C3	A2	A2	A2	D3	C3	D3	0	0	0
Renal bone disease	2	0	0	0	0	0	0	B2	C3	B2	C2	B2	B3	B3	C3	C3	C3	0	0	0
Benign neoplasm of kidney	2	0	0	0	0	0	0	A2	C3	C3	C3	A2	A2	A2	D3	C3	D3	0	0	0
Diabetic nephropathy	2	1	3	2	3	1	1	A2	B2	B2	B2	A2	A2	A2	B2	B2	A2	1	1	1
Diabetes insipidus	2	0	0	0	0	0	0	B3	D3	C3	C3	B2	B2	B2	C3	C3	C3	0	0	0
Hemolytic-uremic syndrome	2	0	0	0	0	0	0	B2	D4	C3	C3	B2	B2	B2	C3	C3	D4	1	0	0
Hypertensive nephropathy	2	1	3	2	3	1	1	A2	B3	C3	C3	A2	A2	A2	B2	A2	B2	1	1	1
Goodpasture's syndrome	2	0	0	0	0	0	0	B2	D4	C3	D4	B2	B2	B3	D4	D4	D4	0	0	0
Renal vein thrombosis	0	0	0	0	0	0	0	C2	D3	D3	D3	C2	C2	D3	D3	D3	D3	0	0	0
Hepatorenal syndrome	1	0	0	0	0	0	0	B2	D4	D4	C3	B2	B2	B2	D4	C4	B3	0	0	0
Acute glomerulonephritis	2	0	0	0	0	0	0	A1	C3	A1	B1	A2	A2	B3	C2	B2	B2	2	0	0

	General Practitioner Tasks							Theoretical Clinical Educational Needs										Practical Educational Needs		
NEPHROLOGY	Diagnosis	Treatment	Referral	Follow up	Prevention	Screening	Patient Education	Definition	Epidemiology	Etiology	Pathophysiology	Clinical manifes.	Paraclinic	Diagnostic app.	Therapeutic app.	Complication	Prevention	Observation	Collaboration	Independent
DISEASES																				
Acute poststreptococcal glomerulonephritis	2	0	0	0	1	0	0	A1	C3	A1	B1	A2	A2	B3	C2	B2	B2	2	0	0
Nephrotic syndrome	2	0	0	0	0	0	0	A1	C3	B2	C2	A2	A2	B2	C2	C2	D4	1	0	0
Membranous glomerulonephritis	0	0	0	0	0	0	0	C2	D4	C2	C2	C2	C2	D3	C2	D3	D3	0	0	0
Mesangiocapillary glomerulonephritis	0	0	0	0	0	0	0	C2	D4	C2	C2	C2	C2	D3	C2	D3	D3	0	0	0
Drug induced glomerulonephritis	1	0	0	0	0	0	0	B2	D4	C2	C2	B2	C2	B3	C2	D3	D3	0	0	0
Mesangial proliferative glomerulonephritis	0	0	0	0	0	0	0	C2	D4	C2	C2	C2	C2	D3	C2	D3	D3	0	0	0
Minimal change glomerulonephritis	0	0	0	0	0	0	0	C2	D4	C2	C2	C2	C2	D3	C2	D3	D3	0	0	0
Focal and segmental glomerulonephritis	0	0	0	0	0	0	0	C2	D4	C2	C2	C2	C2	D3	C2	D3	D3	0	0	0
Alport's syndrome	0	0	0	0	0	0	0	C2	D4	C2	C2	C2	C2	D3	C2	D3	D3	0	0	0
Analgesic nephropathy	1	0	0	0	0	0	0	B2	D4	C2	C2	B2	C2	B3	C2	D3	D3	0	0	0
Lead nephropathy	1	0	0	0	0	0	0	B2	D4	C2	C2	B2	C2	B3	C2	D3	D3	0	0	0
Hypercalcemic nephropathy	2	0	0	0	0	0	0	B2	D4	C2	C2	B2	C2	B3	C2	D3	D3	0	0	0

	General Practitioner Tasks							Theoretical Clinical Educational Needs									Practical Educational Needs			
NEPHROLOGY	Diagnosis	Treatment	Referral	Follow up	Prevention	Screening	Patient Education	Definition	Epidemiology	Etiology	Pathophysiology	Clinical manifes.	Paraclinic	Diagnostic app.	Therapeutic app.	Complication	Prevention	Observation	Collaboration	Independent
DISEASES																				
Hypokalaemic nephropathy	2	0	0	0	0	0	0	B2	D4	C2	C2	B2	C2	B3	C2	D3	D3	0	0	0
Acute uric acid nephropathy	2	0	0	0	0	0	0	B2	D4	C2	C2	B2	C2	B3	C2	D3	D3	0	0	0
Renal tubular acidosis	2	0	0	0	0	0	0	B2	C2	B2	B2	B2	B2	B2	C2	C2	C2	0	0	0
Papillary necrosis	2	0	0	0	0	0	0	B2	C2	B2	B2	B2	B2	B2	C2	C2	C2	0	0	0
Chronic glomerulonephritis	2	0	0	2	0	0	1	A2	C3	B2	C2	B2	B2	B2	C2	C2	C2	2	1	0
Acute renal failure	2	0	0	0	0	0	0	A2	B2	A1	B2	A2	A2	A2	C2	B2	B2	2	1	0
Chronic renal failure	2	0	1	2	1	0	1	A2	B3	B3	B2	A2	A2	A2	C2	B2	C3	2	1	0
Chronic pyelonephritis	2	0	0	0	0	0	0	B2	C3	C3	C3	B2	B2	B2	D3	D3	D3	0	0	0
Acute pyelonephritis	2	1	3	2	0	0	1	A1	B2	A2	B2	A1	A1	A1	A1	A2	A2	2	2	1
Calculus of kidney	2	0	1	0	0	0	0	A1	B2	A2	B2	A2	A2	A2	C2	B2	B2	0	0	0
Cyst of kidney	2	0	1	0	0	0	0	B2	D4	C2	D4	B2	B2	B2	C3	C3	D4	0	0	0
Postural proteinuria (orthostatic proteinuria)	2	0	1	2	0	0	1	A2	C2	B2	C3	A2	A2	A2	C2	C2	C3	0	0	0

	General Practitioner Tasks							Theoretical Clinical Educational Needs									Practical Educational Needs			
NEPHROLOGY	Diagnosis	Treatment	Referral	Follow up	Prevention	Screening	Patient Education	Definition	Epidemiology	Etiology	Pathophysiology	Clinical manifes.	Paraclinic	Diagnostic app.	Therapeutic app.	Complication	Prevention	Observation	Collaboration	Independent
DISEASES																				
Vascular disorders of kidney	1	0	0	0	0	0	0	A2	C3	C3	C3	B2	B2	B2	C3	C3	C4	1	0	0
Cystitis	2	2	4	1	0	0	1	A3	B3	B3	B3	A2	A2	A2	A2	B2	B2	1	1	1
Urethritis	2	2	4	1	1	0	1	A2	B2	B2	C2	A2	A2	A2	B2	B2	C2	1	1	0
Renal vessel anomaly	0	0	0	0	0	0	0	C3	D3	D3	D3	C3	D3	C3	D4	D4	D4	0	0	0
Renal agenesis and dysgenesis	0	0	0	0	0	0	0	B2	C3	D3	D3	C3	C3	C3	D3	C3	D4	0	0	0
Polycystic kidney disease	2	0	0	2	0	0	1	B2	C2	C2	C2	B2	B2	B2	C3	C3	D3	0	0	0
Medullary cystic kidney	2	0	0	2	0	0	1	B2	C2	C2	C2	B2	B2	B2	C3	C3	D4	0	0	0
Medullary sponge kidney	2	0	0	2	0	0	1	B2	C2	C2	C2	B2	B2	B2	C3	C3	D4	0	0	0

Tuberculosis of genitourinary system

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Malignant neoplasm of kidney

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level three</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Renal bone disease

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level two</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Benign neoplasm of kidney

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level three</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Diabetic nephropathy

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is a GP's task by risk factor screening, avoidance and treatment.
Screening	Screening high risk people visited at office is a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level two</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level two</i>	<i>Must know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	1

Diabetes insipidus

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>No need to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Hemolytic-uremic syndrome

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Hypertensive nephropathy

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is a GP's task by risk factor screening, avoidance and treatment.
Screening	Screening high risk people visited at office is a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Must know</i>
Prevention	<i>Level two</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	1

Goodpasture's syndrome

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level four</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level four</i>	<i>No need to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Renal vein thrombosis

GP's Tasks in IRAN

Diagnosis	Diagnosis is not a GP's task.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Nice to know</i>
Epidemiology	<i>Level three</i>	<i>No need to know</i>
Etiology	<i>Level three</i>	<i>No need to know</i>
Pathophysiology	<i>Level three</i>	<i>No need to know</i>
Clinical manifestation	<i>Level two</i>	<i>Nice to know</i>
Paraclinic	<i>Level two</i>	<i>Nice to know</i>
Diagnostic approach	<i>Level three</i>	<i>No need to know</i>
Therapeutic approach	<i>Level three</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level three</i>	<i>No need to know</i>
Prevention	<i>Level three</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Hepatorenal syndrome

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level four</i>	<i>No need to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level four</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level four</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Acute glomerulonephritis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level one</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level one</i>	<i>Must know</i>
Pathophysiology	<i>Level one</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level two</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	2
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Acute poststreptococcal glomerulonephritis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level one</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level one</i>	<i>Must know</i>
Pathophysiology	<i>Level one</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level two</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	2
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Nephrotic syndrome

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level one</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level two</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Nice to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Membranous glomerulonephritis

GP's Tasks in IRAN

Diagnosis	Diagnosis is not a GP's task.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Nice to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level two</i>	<i>Nice to know</i>
Pathophysiology	<i>Level two</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Nice to know</i>
Paraclinic	<i>Level two</i>	<i>Nice to know</i>
Diagnostic approach	<i>Level three</i>	<i>No need to know</i>
Therapeutic approach	<i>Level two</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>No need to know</i>
Prevention	<i>Level three</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Mesangiocapillary glomerulonephritis

GP's Tasks in IRAN

Diagnosis	Diagnosis is not a GP's task.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Nice to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level two</i>	<i>Nice to know</i>
Pathophysiology	<i>Level two</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Nice to know</i>
Paraclinic	<i>Level two</i>	<i>Nice to know</i>
Diagnostic approach	<i>Level three</i>	<i>No need to know</i>
Therapeutic approach	<i>Level two</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>No need to know</i>
Prevention	<i>Level three</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Drug induced glomerulonephritis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level two</i>	<i>Nice to know</i>
Pathophysiology	<i>Level two</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Nice to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>No need to know</i>
Prevention	<i>Level three</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Mesangial proliferative glomerulonephritis

GP's Tasks in IRAN

Diagnosis	Diagnosis is not a GP's task.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Nice to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level two</i>	<i>Nice to know</i>
Pathophysiology	<i>Level two</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Nice to know</i>
Paraclinic	<i>Level two</i>	<i>Nice to know</i>
Diagnostic approach	<i>Level three</i>	<i>No need to know</i>
Therapeutic approach	<i>Level two</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>No need to know</i>
Prevention	<i>Level three</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Minimal change glomerulonephritis

GP's Tasks in IRAN

Diagnosis	Diagnosis is not a GP's task.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Nice to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level two</i>	<i>Nice to know</i>
Pathophysiology	<i>Level two</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Nice to know</i>
Paraclinic	<i>Level two</i>	<i>Nice to know</i>
Diagnostic approach	<i>Level three</i>	<i>No need to know</i>
Therapeutic approach	<i>Level two</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>No need to know</i>
Prevention	<i>Level three</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Focal and segmental glomerulonephritis

GP's Tasks in IRAN

Diagnosis	Diagnosis is not a GP's task.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Nice to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level two</i>	<i>Nice to know</i>
Pathophysiology	<i>Level two</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Nice to know</i>
Paraclinic	<i>Level two</i>	<i>Nice to know</i>
Diagnostic approach	<i>Level three</i>	<i>No need to know</i>
Therapeutic approach	<i>Level two</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>No need to know</i>
Prevention	<i>Level three</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Alport's syndrome

GP's Tasks in IRAN

Diagnosis	Diagnosis is not a GP's task.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Nice to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level two</i>	<i>Nice to know</i>
Pathophysiology	<i>Level two</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Nice to know</i>
Paraclinic	<i>Level two</i>	<i>Nice to know</i>
Diagnostic approach	<i>Level three</i>	<i>No need to know</i>
Therapeutic approach	<i>Level two</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>No need to know</i>
Prevention	<i>Level three</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Analgesic nephropathy

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level two</i>	<i>Nice to know</i>
Pathophysiology	<i>Level two</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Nice to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>No need to know</i>
Prevention	<i>Level three</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Lead nephropathy

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level two</i>	<i>Nice to know</i>
Pathophysiology	<i>Level two</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Nice to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>No need to know</i>
Prevention	<i>Level three</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Hypercalcemic nephropathy

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level two</i>	<i>Nice to know</i>
Pathophysiology	<i>Level two</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Nice to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>No need to know</i>
Prevention	<i>Level three</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Hypokalemic nephropathy

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level two</i>	<i>Nice to know</i>
Pathophysiology	<i>Level two</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Nice to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>No need to know</i>
Prevention	<i>Level three</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Acute uric acid nephropathy

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level two</i>	<i>Nice to know</i>
Pathophysiology	<i>Level two</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Nice to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>No need to know</i>
Prevention	<i>Level three</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Renal tubular acidosis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level two</i>	<i>Nice to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level two</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Nice to know</i>
Prevention	<i>Level two</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Papillary necrosis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level two</i>	<i>Nice to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level two</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Nice to know</i>
Prevention	<i>Level two</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Chronic glomerulonephritis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level two</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Nice to know</i>
Prevention	<i>Level two</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	2
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	0

Acute renal failure

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level one</i>	<i>Must know</i>
Pathophysiology	<i>Level two</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level two</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	2
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	0

Chronic renal failure

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on diagnosis.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level two</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	2
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	0

Chronic pyelonephritis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level three</i>	<i>No need to know</i>
Prevention	<i>Level three</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Acute pyelonephritis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level one</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Must know</i>
Pathophysiology	<i>Level two</i>	<i>Better to know</i>
Clinical manifestation	<i>Level one</i>	<i>Must know</i>
Paraclinic	<i>Level one</i>	<i>Must know</i>
Diagnostic approach	<i>Level one</i>	<i>Must know</i>
Therapeutic approach	<i>Level one</i>	<i>Must know</i>
Complication-Prognosis	<i>Level two</i>	<i>Must know</i>
Prevention	<i>Level two</i>	<i>Must know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	2
Minimum required disease management under supervision of senior physician	2
Minimum required independent disease management:	1

Calculus of kidney

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on diagnosis.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level one</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Must know</i>
Pathophysiology	<i>Level two</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level two</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Cyst of kidney

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on diagnosis.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level two</i>	<i>Nice to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Postural proteinuria (orthostatic proteinuria)

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on diagnosis.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Nice to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Vascular disorders of kidney

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level four</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Cystitis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Advanced conclusive treatment is a GP's task.
Referral	The patient must be referred after primary or conclusive treatment, if complications occur.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level two</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	1

Urethritis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Advanced conclusive treatment is a GP's task.
Referral	The patient must be referred after primary or conclusive treatment, if complications occur.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level two</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level two</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	0

Renal vessel anomaly

GP's Tasks in IRAN

Diagnosis	Diagnosis is not a GP's task.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Nice to know</i>
Epidemiology	<i>Level three</i>	<i>No need to know</i>
Etiology	<i>Level three</i>	<i>No need to know</i>
Pathophysiology	<i>Level three</i>	<i>No need to know</i>
Clinical manifestation	<i>Level three</i>	<i>Nice to know</i>
Paraclinic	<i>Level three</i>	<i>No need to know</i>
Diagnostic approach	<i>Level three</i>	<i>Nice to know</i>
Therapeutic approach	<i>Level four</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level four</i>	<i>No need to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Renal agenesis and dysgenesis

GP's Tasks in IRAN

Diagnosis	Diagnosis is not a GP's task.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>No need to know</i>
Pathophysiology	<i>Level three</i>	<i>No need to know</i>
Clinical manifestation	<i>Level three</i>	<i>Nice to know</i>
Paraclinic	<i>Level three</i>	<i>Nice to know</i>
Diagnostic approach	<i>Level three</i>	<i>Nice to know</i>
Therapeutic approach	<i>Level three</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Polycystic kidney disease

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level two</i>	<i>Nice to know</i>
Etiology	<i>Level two</i>	<i>Nice to know</i>
Pathophysiology	<i>Level two</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Medullary cystic kidney

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level two</i>	<i>Nice to know</i>
Etiology	<i>Level two</i>	<i>Nice to know</i>
Pathophysiology	<i>Level two</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Medullary sponge kidney

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level two</i>	<i>Nice to know</i>
Etiology	<i>Level two</i>	<i>Nice to know</i>
Pathophysiology	<i>Level two</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

NEUROLOGY

NEUROLOGY	General Practitioner Tasks							Theoretical Clinical Educational Needs										Practical Educational Needs		
	Diagnosis	Treatment	Referral	Follow up	Prevention	Screening	Patient Education	Definition	Epidemiology	Etiology	Pathophysiology	Clinical manifes.	Paraclinic	Diagnostic app.	Therapeutic app.	Complication	Prevention	Observation	Collaboration	Independent
DISEASES																				
Acute poliomyelitis	1	0	0	0	2	0	0	B2	B2	A2	C3	B2	B2	B2	D3	D3	B2	0	0	0
Bovine spongiform encephalitis	0	0	0	0	0	0	0	B2	C3	C2	D3	C2	C2	C2	D4	D4	C3	0	0	0
Viral encephalitis	1	0	0	0	0	0	0	B2	C2	C2	C2	B2	B2	B2	C2	C2	C2	0	0	0
Neurosyphilis	0	0	0	0	0	0	0	B2	C3	C3	D4	C2	C2	C2	D4	D4	B2	0	0	0
Dementia	1	1	3	2	0	1	1	A2	B2	B2	B2	A2	B3	B3	B3	B3	B2	1	1	1
Narcolepsy	1	0	0	0	0	0	0	A2	C2	C2	C2	A2	B2	B2	C2	C2	D4	0	0	0
Nightmare disorder	1	1	3	1	0	0	1	A2	C2	B2	C2	A2	A2	A2	B2	B2	C2	0	0	0
Sleep terror disorder	1	1	3	1	0	0	1	A2	C3	C3	C3	B3	B3	B3	B2	B2	C3	0	0	0
sleep walking	1	0	1	0	0	0	0	B2	C3	C3	C4	B3	B3	B3	C4	C4	C4	0	0	0
Neuroleptic malignant syndrome	1	1	2	0	1	0	0	B2	B3	C3	C3	B3	B3	B3	B2	B2	C3	0	0	0
Medication induced postural tremor	1	1	3	2	1	0	1	A2	C2	C2	C2	A2	A2	A2	A2	A2	B2	0	0	0
Mental retardation	1	0	1	2	0	0	1	A2	B2	B2	C2	B2	B2	B2	C2	B2	B2	1	1	0

	General Practitioner Tasks							Theoretical Clinical Educational Needs										Practical Educational Needs		
NEUROLOGY	Diagnosis	Treatment	Referral	Follow up	Prevention	Screening	Patient Education	Definition	Epidemiology	Etiology	Pathophysiology	Clinical manifes.	Paraclinic	Diagnostic app.	Therapeutic app.	Complication	Prevention	Observation	Collaboration	Independent
DISEASES																				
Stuttering	1	0	1	2	0	0	1	A2	B3	B3	B3	B2	B2	B2	C3	C3	C3	0	0	0
Pervasive developmental disorders	1	0	0	0	0	0	0	A2	C3	C3	C3	B3	B3	B3	C3	C3	C3	0	0	0
Vocal tic disorder	1	0	0	0	0	0	0	A2	B2	B2	C2	B2	B2	B2	C2	C2	D3	0	0	0
Tourette's disorder	1	0	0	0	0	0	0	A2	C3	C3	C3	A2	B2	A2	C3	C3	D3	0	0	0
Cysticercosis	0	0	0	0	0	0	0	B2	D3	D3	D3	C3	C3	C3	D4	D4	D4	0	0	0
Malignant neoplasm of brain	2	0	0	0	0	0	0	A2	C2	D3	C3	A2	B2	B2	D3	B2	D3	1	1	0
Malignant neoplasm of cranial nerves	1	0	0	0	0	0	0	C3	D4	D4	D4	B3	B3	B3	D4	D4	D4	0	0	0
Malignant neoplasm of cerebral meninges	2	0	0	0	0	0	0	A2	C2	D3	D3	A2	B2	B2	D3	B2	D3	0	0	0
Malignant neoplasm of spinal cord	1	0	0	0	0	0	0	B2	C3	D3	B2	B2	B2	B3	D3	C3	D3	0	0	0
Benign neoplasm of brain	2	0	0	0	0	0	0	A2	C3	D4	C3	A2	B2	B2	D4	B2	D4	0	0	0
Benign neoplasm of cranial nerves	1	0	0	0	0	0	0	B2	D4	D4	D4	B2	B3	B3	D4	C3	D4	0	0	0
Niacin deficiency	1	1	3	2	1	0	1	B3	C3	C3	C3	B3	B3	B3	B3	C4	C4	0	0	0

	General Practitioner Tasks							Theoretical Clinical Educational Needs									Practical Educational Needs			
NEUROLOGY DISEASES	Diagnosis	Treatment	Referral	Follow up	Prevention	Screening	Patient Education	Definition	Epidemiology	Etiology	Pathophysiology	Clinical manifes.	Paraclinic	Diagnostic app.	Therapeutic app.	Complication	Prevention	Observation	Collaboration	Independent
Beriberi	1	1	3	2	1	0	1	A2	B2	B2	C3	A2	B2	B2	B1	B1	C3	0	0	0
Vitami B6 deficiency	1	1	3	2	1	0	1	A2	C3	B2	C3	A2	B2	B2	B2	B2	B2	0	0	0
Hypervitaminosis A	1	0	0	0	0	0	0	B3	D3	D3	D3	B3	B3	B3	D3	D3	C3	0	0	0
Tension headache	1	2	4	1	0	0	1	A2	B2	B2	C2	A2	A2	A2	A2	B2	B2	2	2	2
Bacterial meningitis	2	1	2	0	0	0	0	A2	B2	B2	C2	A2	A2	A2	B2	A2	A2	0	0	0
Chronic meningitis	1	0	0	0	0	0	0	B2	D4	C2	D4	B2	B2	B3	D4	C3	D4	0	0	0
Myelitis	1	0	0	0	0	0	0	A2	C2	B2	C2	A2	B2	B2	C2	B2	B2	0	0	0
Intracranial abscess	2	0	0	0	0	0	0	B2	C3	C3	C3	B2	B2	B3	C3	C3	C3	0	0	0
Intraspinal abscess	1	0	0	0	0	0	0	B3	D4	D4	D4	B3	B3	B3	D4	D4	D4	0	0	0
Thrombophlebitis of intracranial sinuses	1	0	0	0	0	0	0	B2	D4	D4	D4	B2	B3	B3	D4	D4	D4	0	0	0
Alzheimer's disease	1	1	3	2	0	0	3	A2	C2	C2	C2	B2	B2	B2	B2	C2	C2	0	0	0
Communicating hydrocephalus	2	0	0	0	0	0	0	B2	C3	C3	C2	B2	B2	B2	D3	C2	D3	0	0	0

	General Practitioner Tasks							Theoretical Clinical Educational Needs										Practical Educational Needs		
NEUROLOGY DISEASES	Diagnosis	Treatment	Referral	Follow up	Prevention	Screening	Patient Education	Definition	Epidemiology	Etiology	Pathophysiology	Clinical manifes.	Paraclinic	Diagnostic app.	Therapeutic app.	Complication	Prevention	Observation	Collaboration	Independent
Obstructive hydrocephalus	2	0	0	0	0	0	0	B2	C3	C3	C2	B2	B2	B2	D3	C2	D3	0	0	0
Parkinson's disease	1	1	3	2	0	0	1	A1	B2	B2	B2	A2	A2	A2	A2	A2	C3	1	1	1
Huntington's chorea	1	0	0	0	0	0	0	B2	C3	C3	C2	B2	B3	B3	D4	D4	D4	0	0	0
Idiopathic torsion dystonia	1	0	0	0	0	0	0	B3	C3	C3	C3	B3	B3	B3	D4	D4	D4	0	0	0
Friedreich's ataxia	1	0	0	0	0	0	0	B2	D4	D4	D4	B2	B3	B3	D4	D4	D4	0	0	0
Motor neuron disease	1	0	0	0	0	0	0	B2	D4	C3	D4	B2	B2	B2	D4	C2	D4	0	0	0
Amyotrophic lateral sclerosis	1	0	0	0	0	0	0	B2	C3	D3	D3	B2	B2	B3	D3	C3	D4	0	0	0
Vascular myelopathies	0	0	0	0	0	0	0	C2	D3	D3	D3	C2	C2	C3	D4	D4	D4	0	0	0
Disorders of the autonomic nervous system	1	0	0	0	0	0	0	B2	D3	D3	D3	B2	B3	B3	D4	D4	D4	0	0	0
Multiple sclerosis	1	0	0	2	0	0	1	B2	C3	C3	C3	B2	B2	B2	C3	C3	D4	0	0	0
Infantile cerebral palsy	1	0	0	2	0	0	1	B2	C2	C2	C2	B2	B3	B3	D3	C3	D4	0	0	0
Epilepsy	1	0	1	2	0	0	3	A1	B2	B2	C2	A2	A2	A2	C2	C2	B2	2	2	2

		General Practitioner Tasks						Theoretical Clinical Educational Needs										Practical Educational Needs			
NEUROLOGY	DISEASES	Diagnosis	Treatment	Referral	Follow up	Prevention	Screening	Patient Education	Definition	Epidemiology	Etiology	Pathophysiology	Clinical manifes.	Paraclinic	Diagnostic app.	Therapeutic app.	Complication	Prevention	Observation	Collaboration	Independent
	Petit mal	1	0	0	2	0	0	1	B2	C3	C3	C3	B2	B3	B3	C2	C3	D4	0	0	0
	Status epilepticus	1	1	2	0	0	0	0	A2	B2	A2	B2	A1	B2	B2	A1	A2	B2	1	1	1
	Partial epilepsy	1	0	0	2	0	0	1	B2	C3	C3	C3	B2	B3	B2	C2	C3	C3	0	0	0
	Infantile spasms	1	0	0	0	0	0	0	B3	B2	B2	C2	B3	B2	B3	D4	D4	D4	0	0	0
	Migraine	1	2	4	2	0	0	1	A1	B2	B2	B2	A1	A1	A1	A1	B2	B2	2	2	3
	Cluster headache	1	1	3	2	0	0	1	A2	C3	C3	C3	A2	B3	B2	B2	C3	B3	0	0	0
	Cerebral edema	1	1	2	0	0	0	0	A2	C2	A2	B2	A1	B2	B2	B2	A2	B2	1	0	0
	Trigeminal neuralgia	1	0	1	0	0	0	0	B2	D4	C3	D4	B2	B3	B3	C3	D4	D4	0	0	0
	Facial nerve paralysis	1	0	1	0	0	0	0	A2	C3	C3	C3	A3	A3	A3	C3	A3	B3	1	0	0
	Glossopharyngeal neuralgia	1	0	0	0	0	0	0	B3	D4	D4	D4	B3	B3	B3	D4	D4	D4	0	0	0
	Brachial plexus lesions	1	0	0	0	0	0	0	B2	C3	C3	D4	B2	B3	B3	D4	C3	D4	0	0	0
	Lumbosacral plexus lesions	1	0	0	0	0	0	0	B3	D4	D4	D4	B3	B3	B3	D4	D4	D4	0	0	0

	General Practitioner Tasks							Theoretical Clinical Educational Needs										Practical Educational Needs		
NEUROLOGY	Diagnosis	Treatment	Referral	Follow up	Prevention	Screening	Patient Education	Definition	Epidemiology	Etiology	Pathophysiology	Clinical manifes.	Paraclinic	Diagnostic app.	Therapeutic app.	Complication	Prevention	Observation	Collaboration	Independent
DISEASES																				
Mononeuritis multiplex	2	0	0	0	0	0	0	B3	D4	D4	D4	B3	B3	B3	D4	D4	D4	0	0	0
Mononeuritis	2	0	0	0	0	0	0	B3	D4	D4	D4	B3	B3	B3	D4	D4	D4	0	0	0
Carpal tunnel syndrome	2	1	3	2	0	0	1	A2	B2	B2	C2	A2	A2	A2	A2	B2	B2	2	2	1
Lesion of sciatic nerve	1	0	0	0	0	0	0	A3	C3	C3	C3	B2	B2	B2	C2	B2	B2	0	0	0
Toxic neuropathy	1	0	0	0	0	0	0	B2	C3	B2	C3	B2	B3	B3	C3	C2	D4	0	0	0
Guillain-barre syndrome	1	0	0	0	0	0	0	B2	C3	C3	C3	B2	B2	B2	C2	C3	D4	0	0	0
Myasthenia gravis	1	0	0	0	0	0	0	B2	C3	C3	C3	B2	B2	B2	C2	C2	D4	0	0	0
Muscular dystrophies	2	0	0	0	0	0	0	B2	C3	C3	C3	B2	B2	B2	D3	C3	D4	0	0	0
Familial periodic paralysis	2	0	0	0	0	0	0	B3	D4	D4	D4	B3	B3	B3	D4	D4	D4	0	0	0
Optic neuritis	1	0	0	0	0	0	0	B2	C3	B2	C3	B2	B2	B3	C2	B3	D4	0	0	0
Disorders of optic chiasm	1	0	0	0	0	0	0	B3	D4	C2	C2	B2	B2	B2	D3	C2	D3	0	0	0
Disorders of visual cortex	1	0	0	0	0	0	0	B2	D3	B2	D3	B2	B2	B2	D3	C2	D3	0	0	0

		General Practitioner Tasks							Theoretical Clinical Educational Needs										Practical Educational Needs		
NEUROLOGY	DISEASES	Diagnosis	Treatment	Referral	Follow up	Prevention	Screening	Patient Education	Definition	Epidemiology	Etiology	Pathophysiology	Clinical manifes.	Paraclinic	Diagnostic app.	Therapeutic app.	Complication	Prevention	Observation	Collaboration	Independent
		1	0	0	0	0	0	0	B2	D4	C3	C3	B2	B3	B3	D3	C3	D3	0	0	0
	Third cranial nerve palsy	1	0	0	0	0	0	0	B2	D4	C3	C3	B2	B3	B3	D3	C3	D3	0	0	0
	Fourth cranial nerve palsy	1	0	0	0	0	0	0	B2	D4	C3	C3	B2	B3	B3	D3	C3	D3	0	0	0
	Sixth cranial nerve palsy	1	0	0	0	0	0	0	B2	D4	C3	C3	B2	B3	B3	D3	C3	D3	0	0	0
	Meniere's disease	1	0	0	0	0	0	0	B2	C3	D4	D4	B2	B3	B3	C3	C3	D4	0	0	0
	Benign paroxysmal positional vertigo	1	1	3	1	0	0	1	A2	B2	C3	C3	A2	B2	B2	B2	B2	B2	1	1	1
	Vestibular neuronitis	1	0	0	0	0	0	0	B2	C2	C2	C2	B2	B2	B2	C2	C2	C2	0	0	0
	Disorders of acoustic nerve	1	0	0	0	0	0	0	B2	C3	B2	C3	B2	B2	B2	D3	C3	C3	0	0	0
	Subarachnoid hemorrhage	1	0	0	0	0	0	0	A2	C3	B3	C3	A2	B2	B2	D3	C3	C3	0	0	0
	Intracerebral hemorrhage	1	0	0	0	0	0	0	B2	C3	B3	C3	B2	B2	B2	D3	C3	C3	0	0	0
	Epidural hemorrhage	1	0	0	0	0	0	0	B2	C3	C3	C3	B2	B2	B2	D3	C3	D4	0	0	0
	Subdural hemorrhage	1	0	0	0	0	0	0	A2	B3	B3	C3	A2	A2	B2	C3	C3	C3	1	1	0
	Stenosis of carotid artery	1	0	0	0	0	0	0	B2	C2	C2	C2	B2	B2	B2	C2	C2	C2	0	0	0

		General Practitioner Tasks						Theoretical Clinical Educational Needs										Practical Educational Needs			
NEUROLOGY	DISEASES	Diagnosis	Treatment	Referral	Follow up	Prevention	Screening	Patient Education	Definition	Epidemiology	Etiology	Pathophysiology	Clinical manifes.	Paraclinic	Diagnostic app.	Therapeutic app.	Complication	Prevention	Observation	Collaboration	Independent
Transient ischemic attack		1	0	0	2	1	0	1	A1	B2	B2	C2	A2	B2	B2	C2	C2	B1	1	1	0
Stroke		1	0	0	2	1	0	1	A1	B2	B2	B2	A2	A2	B2	C2	A2	A2	2	2	2
Hypertensive encephalopathy		1	1	2	0	1	0	0	A2	B2	B2	C2	A2	A2	A2	A2	A2	A2	0	0	0
Cerebral aneurysm		0	0	0	0	0	0	0	B2	C3	D3	D3	C2	C2	C2	D3	C3	D3	0	0	0
Transient global amnesia		1	0	0	0	0	0	0	B2	C3	C3	D3	B2	B3	B3	D4	C3	D4	0	0	0
Brachial plexitis		1	0	0	0	0	0	0	B2	D3	C3	D3	B2	B2	B2	D3	C3	D3	0	0	0
Spina bifida		2	0	1	0	0	0	0	A2	C4	D4	D4	A2	B2	B2	D4	C4	D4	0	0	0
Microcephalus		1	0	0	0	0	0	0	B3	D4	C3	D4	B3	B3	B3	D4	D4	D4	0	0	0
Cerebral concussion		1	0	1	0	0	0	0	A2	B2	C3	C3	A2	A2	A2	C3	B2	B2	0	0	0

Acute poliomyelitis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is a GP's task by vaccination.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Must know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level three</i>	<i>No need to know</i>
Prevention	<i>Level two</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Bovine spongiform encephalitis

GP's Tasks in IRAN

Diagnosis	Diagnosis is not a GP's task.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level two</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>No need to know</i>
Clinical manifestation	<i>Level two</i>	<i>Nice to know</i>
Paraclinic	<i>Level two</i>	<i>Nice to know</i>
Diagnostic approach	<i>Level two</i>	<i>Nice to know</i>
Therapeutic approach	<i>Level four</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level four</i>	<i>No need to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Viral encephalitis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level two</i>	<i>Nice to know</i>
Etiology	<i>Level two</i>	<i>Nice to know</i>
Pathophysiology	<i>Level two</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Nice to know</i>
Prevention	<i>Level two</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Neurosyphilis

GP's Tasks in IRAN

Diagnosis	Diagnosis is not a GP's task.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level two</i>	<i>Nice to know</i>
Paraclinic	<i>Level two</i>	<i>Nice to know</i>
Diagnostic approach	<i>Level two</i>	<i>Nice to know</i>
Therapeutic approach	<i>Level four</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level four</i>	<i>No need to know</i>
Prevention	<i>Level two</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Dementia

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening high risk people visited at office is a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level two</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Better to know</i>
Prevention	<i>Level two</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	1

Narcolepsy

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Nice to know</i>
Etiology	<i>Level two</i>	<i>Nice to know</i>
Pathophysiology	<i>Level two</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Nice to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Nightmare disorder

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Nice to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level two</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level two</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Sleep terror disorder

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

sleep walking

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on diagnosis.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level four</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level four</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level four</i>	<i>Nice to know</i>
Prevention	<i>Level four</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Neuroleptic malignant syndrome

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after stabilization.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Medication induced postural tremor

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Nice to know</i>
Etiology	<i>Level two</i>	<i>Nice to know</i>
Pathophysiology	<i>Level two</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level two</i>	<i>Must know</i>
Prevention	<i>Level two</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Mental retardation

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on diagnosis.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level two</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level two</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	0

Stuttering

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on diagnosis.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Pervasive developmental disorders

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Vocal tic disorder

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level two</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Tourette's disorder

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Cysticercosis

GP's Tasks in IRAN

Diagnosis	Diagnosis is not a GP's task.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>No need to know</i>
Etiology	<i>Level three</i>	<i>No need to know</i>
Pathophysiology	<i>Level three</i>	<i>No need to know</i>
Clinical manifestation	<i>Level three</i>	<i>Nice to know</i>
Paraclinic	<i>Level three</i>	<i>Nice to know</i>
Diagnostic approach	<i>Level three</i>	<i>Nice to know</i>
Therapeutic approach	<i>Level four</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level four</i>	<i>No need to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Malignant neoplasm of brain

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>No need to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level three</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	0

Malignant neoplasm of cranial nerves

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Nice to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level four</i>	<i>No need to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level four</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level four</i>	<i>No need to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Malignant neoplasm of cerebral meninges

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>No need to know</i>
Pathophysiology	<i>Level three</i>	<i>No need to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level three</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Malignant neoplasm of spinal cord

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>No need to know</i>
Pathophysiology	<i>Level two</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Benign neoplasm of brain

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level four</i>	<i>No need to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level four</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Benign neoplasm of cranial nerves

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level four</i>	<i>No need to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level four</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Niacin deficiency

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level four</i>	<i>Nice to know</i>
Prevention	<i>Level four</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Beriberi

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level one</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level one</i>	<i>Better to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Vitami B6 deficiency

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level two</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Hypervitaminosis A

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>No need to know</i>
Etiology	<i>Level three</i>	<i>No need to know</i>
Pathophysiology	<i>Level three</i>	<i>No need to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level three</i>	<i>No need to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Tension headache

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Advanced conclusive treatment is a GP's task.
Referral	The patient must be referred after primary or conclusive treatment, if complications occur.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level two</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level two</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	2
Minimum required disease management under supervision of senior physician	2
Minimum required independent disease management:	2

Bacterial meningitis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after stabilization.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level two</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Must know</i>
Prevention	<i>Level two</i>	<i>Must know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Chronic meningitis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level two</i>	<i>Nice to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level four</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Myelitis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Nice to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level two</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level two</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Intracranial abscess

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Intraspinal abscess

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level four</i>	<i>No need to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level four</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level four</i>	<i>No need to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Thrombophlebitis of intracranial sinuses

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level four</i>	<i>No need to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level four</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level four</i>	<i>No need to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Alzheimer's disease

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is necessary by educational pamphlets or booklets.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Nice to know</i>
Etiology	<i>Level two</i>	<i>Nice to know</i>
Pathophysiology	<i>Level two</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Nice to know</i>
Prevention	<i>Level two</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Communicating hydrocephalus

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level two</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Obstructive hydrocephalus

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level two</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Parkinson's disease

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level one</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level two</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level two</i>	<i>Must know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	1

Huntington's chorea

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level two</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level four</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level four</i>	<i>No need to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Idiopathic torsion dystonia

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level four</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level four</i>	<i>No need to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Friedreich's ataxia

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level four</i>	<i>No need to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level four</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level four</i>	<i>No need to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Motor neuron disease

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level four</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Nice to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Amyotrophic lateral sclerosis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>No need to know</i>
Pathophysiology	<i>Level three</i>	<i>No need to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Vascular myelopathies

GP's Tasks in IRAN

Diagnosis	Diagnosis is not a GP's task.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Nice to know</i>
Epidemiology	<i>Level three</i>	<i>No need to know</i>
Etiology	<i>Level three</i>	<i>No need to know</i>
Pathophysiology	<i>Level three</i>	<i>No need to know</i>
Clinical manifestation	<i>Level two</i>	<i>Nice to know</i>
Paraclinic	<i>Level two</i>	<i>Nice to know</i>
Diagnostic approach	<i>Level three</i>	<i>Nice to know</i>
Therapeutic approach	<i>Level four</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level four</i>	<i>No need to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Disorders of the autonomic nervous system

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>No need to know</i>
Etiology	<i>Level three</i>	<i>No need to know</i>
Pathophysiology	<i>Level three</i>	<i>No need to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level four</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level four</i>	<i>No need to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Multiple sclerosis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Infantile cerebral palsy

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level two</i>	<i>Nice to know</i>
Etiology	<i>Level two</i>	<i>Nice to know</i>
Pathophysiology	<i>Level two</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Epilepsy

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on diagnosis.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is necessary by educational pamphlets or booklets.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level one</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level two</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Nice to know</i>
Prevention	<i>Level two</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	2
Minimum required disease management under supervision of senior physician	2
Minimum required independent disease management:	2

Petit mal

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Status epilepticus

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after stabilization.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Must know</i>
Pathophysiology	<i>Level two</i>	<i>Better to know</i>
Clinical manifestation	<i>Level one</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level one</i>	<i>Must know</i>
Complication-Prognosis	<i>Level two</i>	<i>Must know</i>
Prevention	<i>Level two</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	1

Partial epilepsy

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Infantile spasms

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level two</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level four</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level four</i>	<i>No need to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Migraine

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Advanced conclusive treatment is a GP's task.
Referral	The patient must be referred after primary or conclusive treatment, if complications occur.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level one</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level two</i>	<i>Better to know</i>
Clinical manifestation	<i>Level one</i>	<i>Must know</i>
Paraclinic	<i>Level one</i>	<i>Must know</i>
Diagnostic approach	<i>Level one</i>	<i>Must know</i>
Therapeutic approach	<i>Level one</i>	<i>Must know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level two</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	2
Minimum required disease management under supervision of senior physician	2
Minimum required independent disease management:	3

Cluster headache

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Cerebral edema

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after stabilization.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Nice to know</i>
Etiology	<i>Level two</i>	<i>Must know</i>
Pathophysiology	<i>Level two</i>	<i>Better to know</i>
Clinical manifestation	<i>Level one</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Must know</i>
Prevention	<i>Level two</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Trigeminal neuralgia

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on diagnosis.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level four</i>	<i>No need to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Facial nerve paralysis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on diagnosis.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Must know</i>
Diagnostic approach	<i>Level three</i>	<i>Must know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Must know</i>
Prevention	<i>Level three</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Glossopharyngeal neuralgia

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level four</i>	<i>No need to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level four</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level four</i>	<i>No need to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Brachial plexus lesions

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level four</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Lumbosacral plexus lesions

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level four</i>	<i>No need to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level four</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level four</i>	<i>No need to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Mononeuritis multiplex

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level four</i>	<i>No need to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level four</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level four</i>	<i>No need to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Mononeuritis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level four</i>	<i>No need to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level four</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level four</i>	<i>No need to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Carpal tunnel syndrome

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level two</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level two</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	2
Minimum required disease management under supervision of senior physician	2
Minimum required independent disease management:	1

Lesion of sciatic nerve

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level two</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Toxic neuropathy

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Nice to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Guillain-barre syndrome

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Myasthenia gravis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Nice to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Muscular dystrophies

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Familial periodic paralysis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level four</i>	<i>No need to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level four</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level four</i>	<i>No need to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Optic neuritis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Better to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Disorders of optic chiasm

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level two</i>	<i>Nice to know</i>
Pathophysiology	<i>Level two</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Disorders of visual cortex

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>No need to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>No need to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Third cranial nerve palsy

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Fourth cranial nerve palsy

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Sixth cranial nerve palsy

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Meniere's disease

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level four</i>	<i>No need to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Benign paroxysmal positional vertigo

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level two</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	1

Vestibular neuronitis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level two</i>	<i>Nice to know</i>
Etiology	<i>Level two</i>	<i>Nice to know</i>
Pathophysiology	<i>Level two</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Nice to know</i>
Prevention	<i>Level two</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Disorders of acoustic nerve

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Subarachnoid hemorrhage

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Intracerebral hemorrhage

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Epidural hemorrhage

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Subdural hemorrhage

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	0

Stenosis of carotid artery

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level two</i>	<i>Nice to know</i>
Etiology	<i>Level two</i>	<i>Nice to know</i>
Pathophysiology	<i>Level two</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Nice to know</i>
Prevention	<i>Level two</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Transient ischemic attack

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level one</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level two</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Nice to know</i>
Prevention	<i>Level one</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	0

Stroke

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level one</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level two</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Must know</i>
Prevention	<i>Level two</i>	<i>Must know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	2
Minimum required disease management under supervision of senior physician	2
Minimum required independent disease management:	2

Hypertensive encephalopathy

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after stabilization.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level two</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level two</i>	<i>Must know</i>
Prevention	<i>Level two</i>	<i>Must know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Cerebral aneurysm

GP's Tasks in IRAN

Diagnosis	Diagnosis is not a GP's task.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>No need to know</i>
Pathophysiology	<i>Level three</i>	<i>No need to know</i>
Clinical manifestation	<i>Level two</i>	<i>Nice to know</i>
Paraclinic	<i>Level two</i>	<i>Nice to know</i>
Diagnostic approach	<i>Level two</i>	<i>Nice to know</i>
Therapeutic approach	<i>Level three</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Transient global amnesia

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>No need to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level four</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Brachial plexitis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>No need to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>No need to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Spina bifida

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on diagnosis.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level four</i>	<i>Nice to know</i>
Etiology	<i>Level four</i>	<i>No need to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level four</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level four</i>	<i>Nice to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Microcephalus

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level four</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level four</i>	<i>No need to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Cerebral concussion

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on diagnosis.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level two</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

NEUROSURGERY

NEUROSURGERY	General Practitioner Tasks							Theoretical Clinical Educational Needs										Practical Educational Needs		
	Diagnosis	Treatment	Referral	Follow up	Prevention	Screening	Patient Education	Definition	Epidemiology	Etiology	Pathophysiology	Clinical manifes.	Paraclinic	Diagnostic app.	Therapeutic app.	Complication	Prevention	Observation	Collaboration	Independent
DISEASES																				
Tuberculosis of meninges and central nervous system	2	0	0	0	2	0	0	B2	C3	C3	C3	B2	B3	B3	C4	C3	B2	0	0	0
Malignant neoplasm of brain	2	0	0	0	0	0	0	B2	C3	D4	D4	B3	B3	B3	D4	C3	D4	1	1	0
Malignant neoplasm of cranial nerves	1	0	0	0	0	0	0	C3	D4	D4	D4	B3	B3	B3	D4	C3	D4	0	0	0
Malignant neoplasm of cerebral meninges	2	0	0	0	0	0	0	A3	C4	D4	D4	B3	B3	B3	D4	C3	D4	0	0	0
Malignant neoplasm of spinal cord	1	0	0	0	0	0	0	B3	C3	C4	B2	B2	B3	B3	D4	D4	D4	0	0	0
Neoplasm of pituitary gland and craniopharyngeal duct	2	0	0	0	0	0	0	B2	C3	C3	B2	B2	B3	B3	D4	C3	D4	0	0	0
Malignant neoplasm of pineal gland	0	0	0	0	0	0	0	C3	D4	D4	D4	C3	D4	D4	D4	D4	D4	0	0	0
Benign neoplasm of brain	2	0	0	0	0	0	0	B2	C3	C4	C3	B3	B3	B3	C4	D4	D4	0	0	0
Benign neoplasm of cranial nerves	1	0	0	0	0	0	0	B3	D4	D4	D4	B3	B4	B4	D4	D4	D4	0	0	0
Intracranial abscess	2	0	0	0	0	0	0	B2	D4	C3	D4	B2	B3	B3	D4	D4	D4	0	0	0
Intraspinal abscess	1	0	0	0	0	0	0	B3	D4	C4	D4	B3	B3	B3	D4	D4	D4	0	0	0
Thrombophlebitis of intracranial sinuses	1	0	0	0	0	0	0	B3	D4	C4	D4	B3	B3	B3	D4	D4	D4	0	0	0

		General Practitioner Tasks							Theoretical Clinical Educational Needs										Practical Educational Needs		
NEUROSURGERY	DISEASES	Diagnosis	Treatment	Referral	Follow up	Prevention	Screening	Patient Education	Definition	Epidemiology	Etiology	Pathophysiology	Clinical manifes.	Paraclinic	Diagnostic app.	Therapeutic app.	Complication	Prevention	Observation	Collaboration	Independent
	Communicating hydrocephalus	2	0	0	0	0	0	0	B2	C3	C3	C3	B2	B3	B3	C2	C2	D4	0	0	0
	Obstructive hydrocephalus	2	0	0	0	0	0	0	B2	C3	C3	C3	B1	B1	B1	C3	C3	D3	0	0	0
	Cerebral edema	1	1	2	0	0	0	0	A2	C3	A2	B3	A2	B3	B2	B2	B2	B2	1	0	0
	Brachial plexus lesions	1	0	0	0	0	0	0	B3	C3	C3	C4	B2	B3	B3	D4	C3	D4	0	0	0
	Entrapment of upper limb nerves	1	0	0	0	0	0	0	A2	C2	C2	C2	B3	B3	B3	D3	C3	C3	1	1	0
	Entrapment of lower limb nerves	1	0	0	0	0	0	0	A2	C2	C2	C2	B3	B3	B3	D3	C3	C3	0	0	0
	Thoracic outlet syndrome	2	1	3	2	0	0	1	A2	C2	C2	C3	B2	B2	B1	B1	B1	C2	1	1	1
	Lumbosacral plexus lesions	1	0	0	0	0	0	0	B3	D4	D4	D4	B3	B4	B3	D4	D4	D4	0	0	0
	Carpal tunnel syndrome	2	1	3	2	0	0	1	A2	B3	B3	B3	B3	B3	B3	B2	B2	C3	1	1	1
	Lesion of sciatic nerve	1	0	0	0	0	0	0	A3	D4	B3	C3	A2	B3	B3	C3	C3	D4	0	0	0
	Disorders of optic chiasm	1	0	0	0	0	0	0	B3	C3	C3	C3	B3	B3	B3	D4	D4	D4	0	0	0
	Disorders of visual cortex	1	0	0	0	0	0	0	B2	C3	C3	C3	B2	B2	B2	C3	C3	C3	0	0	0

NEUROSURGERY	General Practitioner Tasks							Theoretical Clinical Educational Needs										Practical Educational Needs		
	Diagnosis	Treatment	Referral	Follow up	Prevention	Screening	Patient Education	Definition	Epidemiology	Etiology	Pathophysiology	Clinical manifes.	Paraclinic	Diagnostic app.	Therapeutic app.	Complication	Prevention	Observation	Collaboration	Independent
<i>DISEASES</i>																				
Third cranial nerve palsy	1	0	0	0	0	0	0	A2	C3	C3	C3	B2	B2	B2	C3	C3	D3	0	0	0
Fourth cranial nerve palsy	1	0	0	0	0	0	0	A2	C3	C3	C3	B2	B2	B2	C3	C3	D3	0	0	0
Sixth cranial nerve palsy	1	0	0	0	0	0	0	A2	C3	C3	C3	B2	B2	B2	C3	C3	D3	0	0	0
Subarachnoid hemorrhage	1	0	0	0	0	0	0	A2	B3	B2	B2	A2	B3	B3	C3	B3	D4	0	0	0
Intracerebral hemorrhage	1	0	0	0	0	0	0	A2	B2	B2	B2	A2	B2	B2	C3	B3	B3	1	0	0
Epidural hemorrhage	1	0	0	0	0	0	0	A2	C3	B2	C3	B2	B2	B3	C2	C3	C3	1	1	0
Subdural hemorrhage	1	0	0	0	0	0	0	A2	C2	A2	B2	A2	B2	B2	C2	B2	C2	1	1	0
Stenosis of carotid artery	1	0	0	0	0	0	0	B2	C3	C3	C3	B3	B3	B3	C4	C4	C4	0	0	0
Transient ischemic attack	1	0	0	2	1	0	1	A2	B2	B2	B2	A2	B2	B2	C2	C2	B2	1	1	0
Cerebral aneurysm	0	0	0	0	0	0	0	B2	D4	D4	D4	C2	D4	D4	D4	D4	D4	0	0	0
Transient global amnesia	1	0	0	0	0	0	0	A2	C3	B2	C3	A2	B3	B3	C3	D4	D4	0	0	0
Cervical spondylosis with myelopathy	1	0	0	0	0	0	0	B2	C3	C3	C3	B2	B3	B3	C3	C3	B3	1	1	0

		General Practitioner Tasks						Theoretical Clinical Educational Needs										Practical Educational Needs			
NEUROSURGERY	DISEASES	Diagnosis	Treatment	Referral	Follow up	Prevention	Screening	Patient Education	Definition	Epidemiology	Etiology	Pathophysiology	Clinical manifes.	Paraclinic	Diagnostic app.	Therapeutic app.	Complication	Prevention	Observation	Collaboration	Independent
Intervertebral disc disorders		2	1	3	1	0	0	3	A2	B2	B2	B3	A2	A2	B2	A2	B2	A2	2	2	2
Spinal stenosis		1	0	0	0	0	0	0	B2	C3	C2	C3	B2	B3	B3	C2	C2	D4	0	0	0
Brachial plexitis		1	0	0	0	0	0	0	C3	D4	D4	D4	B3	B3	B3	D4	D4	D4	0	0	0
Thoracic or lumbosacral radiculopathy		2	1	3	2	0	0	3	A3	C2	C2	C2	A2	B2	B2	B3	B3	D3	0	0	0
Adolescent postural kyphosis		2	0	0	0	0	0	0	B2	C3	C3	D4	B2	B3	B2	C2	D4	D4	1	0	0
Acquired lordosis		2	0	0	0	0	0	0	B2	C3	C3	D4	B2	B3	B2	C2	D4	D4	0	0	0
Idiopathic scoliosis [and kyphoscoliosis]		2	0	1	0	0	1	0	A2	C4	C3	C3	B3	B3	B3	C3	D4	D4	0	0	0
Spina bifida		2	0	1	0	0	0	0	B3	C4	C3	C3	B3	B3	B3	D3	C3	D4	0	0	0
Encephalocele		1	0	1	0	0	0	0	C3	D4	D4	D4	B3	B4	B4	D4	D4	D4	0	0	0
Microcephalus		1	0	0	0	0	0	0	B2	C4	C4	D4	B3	B3	B3	D4	C4	C4	0	0	0
Congenital hydrocephalus		1	0	0	0	0	0	0	B2	C3	C3	C3	B2	B3	B3	C3	C3	D3	0	0	0
Spinal vessel anomaly		0	0	0	0	0	0	0	C3	D4	D4	D4	C4	D4	D4	D4	D4	D4	0	0	0

		General Practitioner Tasks						Theoretical Clinical Educational Needs										Practical Educational Needs			
NEUROSURGERY	DISEASES	Diagnosis	Treatment	Referral	Follow up	Prevention	Screening	Patient Education	Definition	Epidemiology	Etiology	Pathophysiology	Clinical manifes.	Paraclinic	Diagnostic app.	Therapeutic app.	Complication	Prevention	Observation	Collaboration	Independent
Anomalies of skull and face bones		0	0	0	0	0	0	0	C4	D4	D4	D4	C3	C3	C4	D4	D4	D4	0	0	0
Fracture of vault of skull		2	1	2	0	0	0	1	A2	B2	B2	B2	A2	B2	B2	B3	A2	B3	1	1	1
Fracture of base of skull		1	0	0	0	0	0	0	A2	B2	B2	C3	A2	B2	B3	C3	B2	C4	0	0	0
Fracture of face bones		2	0	0	0	0	0	0	B2	C4	C3	C3	B3	B3	B3	C3	C3	C3	0	0	0
Fracture of vertebral column		2	1	2	0	0	0	1	A2	B2	B3	B2	A2	B3	B3	B3	B2	C4	1	1	0
Fracture of cervical vertebra		2	1	2	0	0	0	0	A2	B2	B3	B2	A2	B3	B3	B3	B2	C4	0	0	0
Fracture of thoracic vertebra		2	1	2	0	0	0	0	A2	B2	B3	B2	A2	B3	B3	B3	B2	C4	1	1	0
Fracture of lumbar vertebra		2	1	2	0	0	0	0	A2	B2	B3	B2	A2	B3	B3	B3	B2	C4	1	0	0
Fracture of sacrum and coccyx		2	1	2	0	0	0	0	A2	B2	B3	B2	A2	B3	B3	B3	B2	C4	0	0	0
Cervical vertebra dislocation		2	1	2	0	0	0	0	B2	C3	C3	C3	B2	B2	B3	B3	C3	C3	0	0	0
Thoracic and lumbar vertebra dislocation		2	1	2	0	0	0	0	B2	C3	C3	C3	B2	B2	B3	B3	C3	C3	0	0	0
Cerebral concussion		1	0	1	0	0	0	0	A2	B2	B2	B2	A2	B2	B2	C3	B2	B3	0	0	0

		General Practitioner Tasks						Theoretical Clinical Educational Needs										Practical Educational Needs			
NEUROSURGERY	DISEASES	Diagnosis	Treatment	Referral	Follow up	Prevention	Screening	Patient Education	Definition	Epidemiology	Etiology	Pathophysiology	Clinical manifes.	Paraclinic	Diagnostic app.	Therapeutic app.	Complication	Prevention	Observation	Collaboration	Independent
		1	0	0	0	0	0	0	B2	C3	C3	C3	B2	B3	B3	C2	C3	C3	1	1	0
		1	1	3	2	0	0	1	A2	C3	C4	C3	B2	B3	B3	B2	C4	C4	1	1	1
		1	0	1	0	0	0	0	A2	C3	C4	C3	B2	B3	B3	C2	C3	C4	0	0	0
		1	0	0	0	0	0	0	B2	C3	C3	C3	B2	B3	B3	D4	D4	D4	0	0	0
		1	1	2	0	0	0	0	A2	B3	B3	C4	B2	B3	B3	B2	C4	D4	0	0	0
		1	0	0	0	0	0	0	B2	C4	C4	C3	B2	B3	B3	C4	C4	C3	0	0	0
		1	0	0	0	0	0	0	A2	C3	C3	C2	A2	B2	B3	C3	C3	C3	1	1	0
		1	0	0	0	0	0	0	A2	C3	C3	B2	A2	B2	B3	C3	C3	C3	1	1	0
		1	0	0	0	0	0	0	A2	C3	C3	B2	A2	B2	B3	C3	C3	C3	1	1	0

Tuberculosis of meninges and central nervous system

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is a GP's task by vaccination.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level four</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level two</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Malignant neoplasm of brain

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level four</i>	<i>No need to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level four</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	0

Malignant neoplasm of cranial nerves

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Nice to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level four</i>	<i>No need to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level four</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Malignant neoplasm of cerebral meninges

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Must know</i>
Epidemiology	<i>Level four</i>	<i>Nice to know</i>
Etiology	<i>Level four</i>	<i>No need to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level four</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Malignant neoplasm of spinal cord

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level four</i>	<i>Nice to know</i>
Pathophysiology	<i>Level two</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level four</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level four</i>	<i>No need to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Neoplasm of pituitary gland and craniopharyngeal duct

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level two</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level four</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Malignant neoplasm of pineal gland

GP's Tasks in IRAN

Diagnosis	Diagnosis is not a GP's task.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Nice to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level four</i>	<i>No need to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level three</i>	<i>Nice to know</i>
Paraclinic	<i>Level four</i>	<i>No need to know</i>
Diagnostic approach	<i>Level four</i>	<i>No need to know</i>
Therapeutic approach	<i>Level four</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level four</i>	<i>No need to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Benign neoplasm of brain

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level four</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level four</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level four</i>	<i>No need to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Benign neoplasm of cranial nerves

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level four</i>	<i>No need to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level four</i>	<i>Better to know</i>
Diagnostic approach	<i>Level four</i>	<i>Better to know</i>
Therapeutic approach	<i>Level four</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level four</i>	<i>No need to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Intracranial abscess

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level four</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level four</i>	<i>No need to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Intraspinal abscess

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level four</i>	<i>Nice to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level four</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level four</i>	<i>No need to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Thrombophlebitis of intracranial sinuses

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level four</i>	<i>Nice to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level four</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level four</i>	<i>No need to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Communicating hydrocephalus

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Nice to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Obstructive hydrocephalus

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level one</i>	<i>Better to know</i>
Paraclinic	<i>Level one</i>	<i>Better to know</i>
Diagnostic approach	<i>Level one</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Cerebral edema

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after stabilization.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level two</i>	<i>Must know</i>
Pathophysiology	<i>Level three</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level two</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Brachial plexus lesions

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level four</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level four</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Entrapment of upper limb nerves

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Nice to know</i>
Etiology	<i>Level two</i>	<i>Nice to know</i>
Pathophysiology	<i>Level two</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	0

Entrapment of lower limb nerves

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Nice to know</i>
Etiology	<i>Level two</i>	<i>Nice to know</i>
Pathophysiology	<i>Level two</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Thoracic outlet syndrome

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Nice to know</i>
Etiology	<i>Level two</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level one</i>	<i>Better to know</i>
Therapeutic approach	<i>Level one</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level one</i>	<i>Better to know</i>
Prevention	<i>Level two</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	1

Lumbosacral plexus lesions

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level four</i>	<i>No need to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level four</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level four</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level four</i>	<i>No need to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Carpal tunnel syndrome

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Better to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	1

Lesion of sciatic nerve

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Must know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Disorders of optic chiasm

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level four</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level four</i>	<i>No need to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Disorders of visual cortex

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Third cranial nerve palsy

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Fourth cranial nerve palsy

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Sixth cranial nerve palsy

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Subarachnoid hemorrhage

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level two</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Better to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Intracerebral hemorrhage

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level two</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Better to know</i>
Prevention	<i>Level three</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Epidural hemorrhage

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	0

Subdural hemorrhage

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Nice to know</i>
Etiology	<i>Level two</i>	<i>Must know</i>
Pathophysiology	<i>Level two</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level two</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	0

Stenosis of carotid artery

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level four</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level four</i>	<i>Nice to know</i>
Prevention	<i>Level four</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Transient ischemic attack

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level two</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Nice to know</i>
Prevention	<i>Level two</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	0

Cerebral aneurysm

GP's Tasks in IRAN

Diagnosis	Diagnosis is not a GP's task.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level four</i>	<i>No need to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level two</i>	<i>Nice to know</i>
Paraclinic	<i>Level four</i>	<i>No need to know</i>
Diagnostic approach	<i>Level four</i>	<i>No need to know</i>
Therapeutic approach	<i>Level four</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level four</i>	<i>No need to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Transient global amnesia

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level four</i>	<i>No need to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Cervical spondylosis with myelopathy

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	0

Intervertebral disc disorders

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is necessary by educational pamphlets or booklets.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level two</i>	<i>Must know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	2
Minimum required disease management under supervision of senior physician	2
Minimum required independent disease management:	2

Spinal stenosis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level two</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Nice to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Brachial plexitis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Nice to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level four</i>	<i>No need to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level four</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level four</i>	<i>No need to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Thoracic or lumbosacral radiculopathy

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is necessary by educational pamphlets or booklets.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Nice to know</i>
Etiology	<i>Level two</i>	<i>Nice to know</i>
Pathophysiology	<i>Level two</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Better to know</i>
Prevention	<i>Level three</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Adolescent postural kyphosis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level four</i>	<i>No need to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Acquired lordosis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level four</i>	<i>No need to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Idiopathic scoliosis (and kyphoscoliosis)

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on diagnosis.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening high risk people visited at office is a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level four</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level four</i>	<i>No need to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Spina bifida

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on diagnosis.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level four</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Encephalocele

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on diagnosis.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Nice to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level four</i>	<i>No need to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level four</i>	<i>Better to know</i>
Diagnostic approach	<i>Level four</i>	<i>Better to know</i>
Therapeutic approach	<i>Level four</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level four</i>	<i>No need to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Microcephalus

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level four</i>	<i>Nice to know</i>
Etiology	<i>Level four</i>	<i>Nice to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level four</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level four</i>	<i>Nice to know</i>
Prevention	<i>Level four</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Congenital hydrocephalus

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Spinal vessel anomaly

GP's Tasks in IRAN

Diagnosis	Diagnosis is not a GP's task.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Nice to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level four</i>	<i>No need to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level four</i>	<i>Nice to know</i>
Paraclinic	<i>Level four</i>	<i>No need to know</i>
Diagnostic approach	<i>Level four</i>	<i>No need to know</i>
Therapeutic approach	<i>Level four</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level four</i>	<i>No need to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Anomalies of skull and face bones

GP's Tasks in IRAN

Diagnosis	Diagnosis is not a GP's task.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level four</i>	<i>Nice to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level four</i>	<i>No need to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level three</i>	<i>Nice to know</i>
Paraclinic	<i>Level three</i>	<i>Nice to know</i>
Diagnostic approach	<i>Level four</i>	<i>Nice to know</i>
Therapeutic approach	<i>Level four</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level four</i>	<i>No need to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Fracture of vault of skull

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after stabilization.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level two</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Must know</i>
Prevention	<i>Level three</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	1

Fracture of base of skull

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level four</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Fracture of face bones

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level four</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Fracture of vertebral column

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after stabilization.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level two</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level four</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	0

Fracture of cervical vertebra

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after stabilization.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level two</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level four</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Fracture of thoracic vertebra

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after stabilization.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level two</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level four</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	0

Fracture of lumbar vertebra

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after stabilization.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level two</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level four</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Fracture of sacrum and coccyx

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after stabilization.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level two</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level four</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Cervical vertebra dislocation

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after stabilization.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Thoracic and lumbar vertebra dislocation

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after stabilization.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Cerebral concussion

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on diagnosis.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level two</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level three</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Cerebral contusion and laceration

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	0

Superficial injury of face, neck, and scalp

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level four</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level four</i>	<i>Nice to know</i>
Prevention	<i>Level four</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	1

Crushing injury of face, scalp, and neck

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on diagnosis.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level four</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level four</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Injury to cranial nerve(s)

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level four</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level four</i>	<i>No need to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Spinal cord injury

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after stabilization.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level four</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level four</i>	<i>Nice to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Injury to nerve roots and spinal plexus

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level four</i>	<i>Nice to know</i>
Etiology	<i>Level four</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level four</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level four</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Injury to peripheral nerve(s) of shoulder girdle and upper limb

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level two</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	0

Injury to peripheral nerve(s) of pelvic girdle and lower limb

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level two</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	0

OPHTHALMOLOGY

OPHTHALMOLOGY	General Practitioner Tasks							Theoretical Clinical Educational Needs										Practical Educational Needs		
	Diagnosis	Treatment	Referral	Follow up	Prevention	Screening	Patient Education	Definition	Epidemiology	Etiology	Pathophysiology	Clinical manifes.	Paraclinic	Diagnostic app.	Therapeutic app.	Complication	Prevention	Observation	Collaboration	Independent
DISEASES																				
Herpes zoster with ophthalmic complications	1	0	0	0	0	0	0	B3	D3	C3	C3	B3	B3	B3	C3	B3	D3	0	0	0
Herpes simplex with ophthalmic complications	1	0	0	0	1	0	0	B3	C3	C3	C3	B3	B3	B3	C3	C3	C4	0	0	0
Trachoma	1	1	3	2	0	0	1	A2	B2	B3	B3	A3	B3	B3	A2	B3	A3	0	0	0
Toxoplasmosis	2	0	0	0	1	0	0	B3	C3	C3	C3	B2	B2	B3	C3	C3	C3	0	0	0
Malignant neoplasm of iris	0	0	0	0	0	0	0	C3	D4	D4	D4	C3	D4	D4	D4	D4	D4	0	0	0
Malignant neoplasm of uveal tract	0	0	0	0	0	0	0	C3	D4	D4	C4	C3	D4	D4	D4	D4	D4	0	0	0
Malignant neoplasm of orbit	1	0	0	0	0	0	0	B3	D4	C3	D4	B3	B3	B3	D4	D4	D4	0	0	0
Malignant neoplasm of conjunctiva	0	0	0	0	0	0	0	C3	D4	D4	D4	C3	C3	C3	D4	D4	D4	0	0	0
Malignant neoplasm of cornea	0	0	0	0	0	0	0	C3	D4	D4	D4	C3	D4	D4	D4	D4	D4	0	0	0
Malignant neoplasm of retina	1	0	0	0	0	0	0	B3	D4	D4	D4	B3	B3	B3	D4	D4	D4	0	0	0
Benign neoplasm of orbit	1	0	0	0	0	0	0	B3	D4	D4	D4	B3	B3	B3	D4	D4	D4	0	0	0
Vitamin A deficiency	1	1	3	2	1	0	1	A3	C3	C3	C3	A2	B3	B2	A2	B2	C3	0	0	0

	General Practitioner Tasks							Theoretical Clinical Educational Needs									Practical Educational Needs			
OPHTHALMOLOGY	Diagnosis	Treatment	Referral	Follow up	Prevention	Screening	Patient Education	Definition	Epidemiology	Etiology	Pathophysiology	Clinical manifes.	Paraclinic	Diagnostic app.	Therapeutic app.	Complication	Prevention	Observation	Collaboration	Independent
DISEASES																				
Blepharospasm	1	1	3	1	0	0	1	B3	D4	D4	C3	B3	B3	B3	B3	D4	D4	0	0	0
Purulent endophthalmitis	0	0	0	0	0	0	0	B3	C3	B3	C3	C3	C3	C3	C3	C3	C3	0	0	0
Retinal detachments	1	0	0	0	0	0	0	B3	C4	B3	C3	B3	B3	B3	D4	C3	C3	0	0	0
Diabetic retinopathy	1	0	0	0	1	1	1	A3	B3	B3	B3	A3	A3	A3	C3	A3	A3	1	1	1
Hypertensive retinopathy	1	0	0	0	1	1	1	A3	C4	B3	C3	A3	A3	A3	C3	C3	A3	1	1	1
Retinal vascular occlusion	1	0	0	0	0	0	0	B2	C3	C3	C3	B3	B3	B3	C3	C3	D4	0	0	0
Macular degeneration	0	0	0	0	0	0	0	B3	C3	C3	C3	C3	C3	C3	D4	D4	D4	0	0	0
Peripheral retinal degenerations	0	0	0	0	0	0	0	C3	D4	D4	D4	C3	D4	C4	D4	D4	D4	0	0	0
Retinal hemorrhage	1	0	0	0	0	0	0	B3	C4	B3	C3	B3	B3	B3	C3	C3	C3	0	0	0
Focal chorioretinitis	0	0	0	0	0	0	0	C3	D3	C3	D4	C3	C3	C3	D4	D4	D3	0	0	0
Disseminated chorioretinitis	0	0	0	0	0	0	0	C3	D3	C3	D4	C3	C3	C4	D4	D4	D4	0	0	0
Chorioretinal scars	0	0	0	0	0	0	0	C3	D4	C3	D4	C3	D4	C4	D4	D4	D4	0	0	0

	General Practitioner Tasks							Theoretical Clinical Educational Needs										Practical Educational Needs		
OPHTHALMOLOGY	Diagnosis	Treatment	Referral	Follow up	Prevention	Screening	Patient Education	Definition	Epidemiology	Etiology	Pathophysiology	Clinical manifes.	Paraclinic	Diagnostic app.	Therapeutic app.	Complication	Prevention	Observation	Collaboration	Independent
DISEASES																				
Choroidal hemorrhage and rupture	0	0	0	0	0	0	0	C3	D4	C3	D4	C3	D4	C3	D4	D4	D4	0	0	0
Choroidal detachment	0	0	0	0	0	0	0	C3	D4	C4	D3	C3	D4	D4	D4	D4	D4	0	0	0
Acute and subacute iridocyclitis	1	0	0	0	0	0	0	A3	C3	A3	C4	A3	A3	B3	C3	A3	C3	0	0	0
Chronic iridocyclitis	1	0	0	0	0	0	0	A3	C4	A3	C3	B3	B3	B3	C3	C4	C3	0	0	0
Hyphema	1	1	2	0	0	0	0	A3	C3	A3	C3	A3	A3	A3	B3	B3	C3	1	1	1
Adhesions iris and ciliary body	0	0	0	0	0	0	0	C4	D4	C3	D4	C3	D4	D4	D4	D4	D4	0	0	0
Glaucoma	1	0	0	0	0	1	0	A3	B3	B3	B3	A3	A3	A3	C3	A3	A3	2	1	1
Cataract	1	0	0	0	0	0	0	A3	B3	B3	C3	A3	B3	B3	C3	C4	C3	2	1	1
Hypermetropia	1	0	0	0	0	0	0	A3	B3	C4	C3	B3	B3	B3	C3	C3	D4	1	0	0
Myopia	1	0	0	0	0	0	0	A3	B3	C4	C3	B3	B3	B3	C3	C3	D4	1	0	0
Astigmatism	1	0	0	0	0	0	0	A3	B3	C4	C3	B3	B3	B3	C3	C3	D4	1	0	0
Presbyopia	1	0	0	0	0	0	0	A3	B3	C4	C3	B3	B3	B3	C3	C3	D4	1	0	0

	General Practitioner Tasks							Theoretical Clinical Educational Needs									Practical Educational Needs			
OPHTHALMOLOGY	Diagnosis	Treatment	Referral	Follow up	Prevention	Screening	Patient Education	Definition	Epidemiology	Etiology	Pathophysiology	Clinical manifes.	Paraclinic	Diagnostic app.	Therapeutic app.	Complication	Prevention	Observation	Collaboration	Independent
DISEASES																				
Disorders of accommodation	1	0	0	0	0	0	0	B3	D3	C3	C3	B3	B4	B4	D3	D4	D4	0	0	0
Amblyopia	1	0	0	0	1	1	1	A3	C3	B3	A3	A3	B3	B3	C3	A3	A3	1	1	1
Keratitis	1	0	0	0	0	0	0	B3	C3	B3	C3	B3	B3	B3	C3	C3	C3	0	0	0
Sjogren's disease	2	0	0	0	0	0	0	A2	C2	C2	C2	B2	B2	B2	C2	C2	D4	0	0	0
Keratoconus	0	0	0	0	0	0	0	C3	D4	D4	D4	C3	D4	D4	D4	D4	D4	0	0	0
Acute conjunctivitis	1	1	3	1	0	0	1	A3	B3	B3	C3	A2	B3	B3	A2	C3	A3	2	2	1
Chronic conjunctivitis	1	0	0	0	0	0	0	B3	D4	C3	D4	B3	B3	B3	C3	D4	D4	0	0	0
Blepharoconjunctivitis	1	1	3	1	0	0	1	A3	C3	C3	C4	A3	A3	B3	B3	C3	C3	2	2	1
Pterygium	1	0	1	0	0	0	0	B3	C3	B3	C3	B3	B3	B3	C3	C3	C3	1	1	0
Conjunctival scars	0	0	0	0	0	0	0	C3	D4	D4	D4	C3	D4	D4	D4	D4	D4	0	0	0
Conjunctival vascular disorders and cysts	1	0	0	0	0	0	0	C3	D4	D4	D4	B3	B4	B4	D4	D4	D4	0	0	0
Blepharitis	1	1	3	1	0	0	1	A3	C3	B3	C3	A3	B3	B3	A3	C4	C4	2	2	2

	General Practitioner Tasks							Theoretical Clinical Educational Needs										Practical Educational Needs		
OPHTHALMOLOGY	Diagnosis	Treatment	Referral	Follow up	Prevention	Screening	Patient Education	Definition	Epidemiology	Etiology	Pathophysiology	Clinical manifes.	Paraclinic	Diagnostic app.	Therapeutic app.	Complication	Prevention	Observation	Collaboration	Independent
DISEASES																				
Chalazion	1	1	3	1	0	0	1	A3	C3	B3	B3	A3	B3	B3	A3	C3	B3	1	1	1
Entropion and trichiasis of eyelid	1	0	1	0	0	0	0	B3	C3	C3	D4	B3	B4	B3	C3	A3	C3	1	1	0
Ectropion	1	0	1	0	0	0	0	B3	C3	C3	D4	B3	B4	B3	C3	A3	C3	1	1	0
Dacryoadenitis	1	1	2	0	0	0	1	B3	C4	C3	C3	B3	B3	B3	B3	C3	C3	0	0	0
Dry eye syndrome	1	1	3	2	0	0	1	A3	B2	B2	C3	A3	B2	B2	A3	A3	D4	0	0	0
Stenosis and insufficiency of lacrimal passages	1	1	3	1	0	0	1	B3	C3	C3	C3	B3	B3	B3	B3	C4	D4	1	1	1
Cellulitis of orbit	1	1	2	0	0	0	0	B3	C3	C3	C3	B3	B3	B3	B3	C3	C3	0	0	0
Retained foreign body of orbit	0	0	0	0	0	0	0	C3	D4	C4	C3	C3	C3	C3	D4	D4	D4	0	0	0
Optic neuritis	1	0	0	0	0	0	0	B3	C3	B3	C3	B3	B3	B3	C3	C3	D4	0	0	0
Strabismus	1	0	1	0	0	0	0	A3	C3	C3	C3	A3	B3	B3	C3	C3	D4	1	1	1
Esotropia	0	0	0	0	0	0	0	A3	C3	C3	C3	C3	C3	C3	C3	C3	D4	1	1	1
Exotropia	0	0	0	0	0	0	0	A3	C3	C3	C3	C3	C3	C3	C3	C3	D4	1	1	1

OPHTHALMOLOGY	General Practitioner Tasks							Theoretical Clinical Educational Needs										Practical Educational Needs		
	Diagnosis	Treatment	Referral	Follow up	Prevention	Screening	Patient Education	Definition	Epidemiology	Etiology	Pathophysiology	Clinical manifes.	Paraclinic	Diagnostic app.	Therapeutic app.	Complication	Prevention	Observation	Collaboration	Independent
<i>DISEASES</i>																				
Intermittent heterotropia	0	0	0	0	0	0	0	A3	C3	C3	C3	C3	C3	C3	C3	C3	D4	0	0	0
Hypertropia	0	0	0	0	0	0	0	C3	C3	C3	C3	C3	C3	C3	C3	C3	D4	0	0	0
Hypotropia	0	0	0	0	0	0	0	C3	C3	C3	C3	C3	C3	C3	C3	C3	D4	0	0	0
Cyclotropia	0	0	0	0	0	0	0	C3	C3	C3	C3	C3	D3	C3	D4	D4	D4	0	0	0
Third cranial nerve palsy	1	0	0	0	0	0	0	A2	C3	B2	C3	B3	B3	B3	D3	C3	D3	0	0	0
Fourth cranial nerve palsy	1	0	0	0	0	0	0	A2	C3	B2	C3	B3	B3	B3	D3	C3	D3	0	0	0
Sixth cranial nerve palsy	1	0	0	0	0	0	0	A2	C3	B2	C3	B3	B3	B3	D3	C3	D3	0	0	0
Scleritis and episcleritis	1	0	0	0	0	0	0	B3	C3	B3	C3	B3	B3	B3	C3	C3	D4	0	0	0
Vitreous detachment	1	0	0	0	0	0	0	B2	C2	B2	C3	A2	B2	B2	C3	C3	D3	0	0	0
Anomalies of pupillary function	1	0	0	0	0	0	0	B3	D4	B3	C3	B3	B3	B3	D3	D3	D4	0	0	0
Congenital cataract and lens anomalies	1	0	0	0	0	0	0	B3	C3	B3	C3	B3	B3	B3	C3	C3	C4	0	0	0
Coloboma	1	0	0	0	0	0	0	C3	D4	C3	D4	B3	B4	B4	D4	D4	D4	0	0	0

	General Practitioner Tasks							Theoretical Clinical Educational Needs									Practical Educational Needs			
OPHTHALMOLOGY	Diagnosis	Treatment	Referral	Follow up	Prevention	Screening	Patient Education	Definition	Epidemiology	Etiology	Pathophysiology	Clinical manifes.	Paraclinic	Diagnostic app.	Therapeutic app.	Complication	Prevention	Observation	Collaboration	Independent
DISEASES																				
Open wound of eyeball	1	0	0	0	0	0	0	A3	C3	C3	C3	B3	B3	B3	C3	C3	C3	1	1	0
Superficial injury of eye and adnexa	1	1	3	2	0	0	1	A3	C3	B3	C3	A3	B3	B3	B3	C4	C4	1	1	1
Superficial injury of cornea	1	1	3	2	0	0	1	A3	C3	B2	C3	A3	B3	B3	A3	C3	C3	1	1	1
Foreign body on external eye except cornea	1	1	3	1	0	0	1	A3	C3	A3	C3	A3	A3	A3	A3	C3	C3	1	1	1
Superfacial corneal foreign body	1	0	1	0	0	0	0	A2	C3	B2	C2	A2	D3	B2	C2	C2	B2	1	1	1
Chemical burn of eye	1	1	2	0	0	0	0	A3	C4	B3	C3	A3	B3	B3	B3	C3	C3	1	1	1

Herpes zoster with ophthalmic complications

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>No need to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Better to know</i>
Prevention	<i>Level three</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Herpes simplex with ophthalmic complications

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level four</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Trachoma

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Better to know</i>
Clinical manifestation	<i>Level three</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level three</i>	<i>Better to know</i>
Prevention	<i>Level three</i>	<i>Must know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Toxoplasmosis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Malignant neoplasm of iris

GP's Tasks in IRAN

Diagnosis	Diagnosis is not a GP's task.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Nice to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level four</i>	<i>No need to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level three</i>	<i>Nice to know</i>
Paraclinic	<i>Level four</i>	<i>No need to know</i>
Diagnostic approach	<i>Level four</i>	<i>No need to know</i>
Therapeutic approach	<i>Level four</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level four</i>	<i>No need to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Malignant neoplasm of uveal tract

GP's Tasks in IRAN

Diagnosis	Diagnosis is not a GP's task.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Nice to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level four</i>	<i>No need to know</i>
Pathophysiology	<i>Level four</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Nice to know</i>
Paraclinic	<i>Level four</i>	<i>No need to know</i>
Diagnostic approach	<i>Level four</i>	<i>No need to know</i>
Therapeutic approach	<i>Level four</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level four</i>	<i>No need to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Malignant neoplasm of orbit

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level four</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level four</i>	<i>No need to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Malignant neoplasm of conjunctiva

GP's Tasks in IRAN

Diagnosis	Diagnosis is not a GP's task.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Nice to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level four</i>	<i>No need to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level three</i>	<i>Nice to know</i>
Paraclinic	<i>Level three</i>	<i>Nice to know</i>
Diagnostic approach	<i>Level three</i>	<i>Nice to know</i>
Therapeutic approach	<i>Level four</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level four</i>	<i>No need to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Malignant neoplasm of cornea

GP's Tasks in IRAN

Diagnosis	Diagnosis is not a GP's task.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Nice to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level four</i>	<i>No need to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level three</i>	<i>Nice to know</i>
Paraclinic	<i>Level four</i>	<i>No need to know</i>
Diagnostic approach	<i>Level four</i>	<i>No need to know</i>
Therapeutic approach	<i>Level four</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level four</i>	<i>No need to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Malignant neoplasm of retina

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level four</i>	<i>No need to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level four</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level four</i>	<i>No need to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Benign neoplasm of orbit

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level four</i>	<i>No need to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level four</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level four</i>	<i>No need to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Vitamin A deficiency

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Blepharospasm

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level four</i>	<i>No need to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level four</i>	<i>No need to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Purulent endophthalmitis

GP's Tasks in IRAN

Diagnosis	Diagnosis is not a GP's task.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Nice to know</i>
Paraclinic	<i>Level three</i>	<i>Nice to know</i>
Diagnostic approach	<i>Level three</i>	<i>Nice to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Retinal detachments

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level four</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level four</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Diabetic retinopathy

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening high risk people visited at office is a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Better to know</i>
Clinical manifestation	<i>Level three</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Must know</i>
Diagnostic approach	<i>Level three</i>	<i>Must know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Must know</i>
Prevention	<i>Level three</i>	<i>Must know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	1

Hypertensive retinopathy

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening high risk people visited at office is a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Must know</i>
Epidemiology	<i>Level four</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Must know</i>
Diagnostic approach	<i>Level three</i>	<i>Must know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Must know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	1

Retinal vascular occlusion

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Macular degeneration

GP's Tasks in IRAN

Diagnosis	Diagnosis is not a GP's task.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Nice to know</i>
Paraclinic	<i>Level three</i>	<i>Nice to know</i>
Diagnostic approach	<i>Level three</i>	<i>Nice to know</i>
Therapeutic approach	<i>Level four</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level four</i>	<i>No need to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Peripheral retinal degenerations

GP's Tasks in IRAN

Diagnosis	Diagnosis is not a GP's task.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Nice to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level four</i>	<i>No need to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level three</i>	<i>Nice to know</i>
Paraclinic	<i>Level four</i>	<i>No need to know</i>
Diagnostic approach	<i>Level four</i>	<i>Nice to know</i>
Therapeutic approach	<i>Level four</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level four</i>	<i>No need to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Retinal hemorrhage

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level four</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Focal chorioretinitis

GP's Tasks in IRAN

Diagnosis	Diagnosis is not a GP's task.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Nice to know</i>
Epidemiology	<i>Level three</i>	<i>No need to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level three</i>	<i>Nice to know</i>
Paraclinic	<i>Level three</i>	<i>Nice to know</i>
Diagnostic approach	<i>Level three</i>	<i>Nice to know</i>
Therapeutic approach	<i>Level four</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level four</i>	<i>No need to know</i>
Prevention	<i>Level three</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Disseminated chorioretinitis

GP's Tasks in IRAN

Diagnosis	Diagnosis is not a GP's task.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Nice to know</i>
Epidemiology	<i>Level three</i>	<i>No need to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level three</i>	<i>Nice to know</i>
Paraclinic	<i>Level three</i>	<i>Nice to know</i>
Diagnostic approach	<i>Level four</i>	<i>Nice to know</i>
Therapeutic approach	<i>Level four</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level four</i>	<i>No need to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Chorioretinal scars

GP's Tasks in IRAN

Diagnosis	Diagnosis is not a GP's task.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Nice to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level three</i>	<i>Nice to know</i>
Paraclinic	<i>Level four</i>	<i>No need to know</i>
Diagnostic approach	<i>Level four</i>	<i>Nice to know</i>
Therapeutic approach	<i>Level four</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level four</i>	<i>No need to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Choroidal hemorrhage and rupture

GP's Tasks in IRAN

Diagnosis	Diagnosis is not a GP's task.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Nice to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level three</i>	<i>Nice to know</i>
Paraclinic	<i>Level four</i>	<i>No need to know</i>
Diagnostic approach	<i>Level three</i>	<i>Nice to know</i>
Therapeutic approach	<i>Level four</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level four</i>	<i>No need to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Choroidal detachment

GP's Tasks in IRAN

Diagnosis	Diagnosis is not a GP's task.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Nice to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level four</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>No need to know</i>
Clinical manifestation	<i>Level three</i>	<i>Nice to know</i>
Paraclinic	<i>Level four</i>	<i>No need to know</i>
Diagnostic approach	<i>Level four</i>	<i>No need to know</i>
Therapeutic approach	<i>Level four</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level four</i>	<i>No need to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Acute and subacute iridocyclitis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Must know</i>
Pathophysiology	<i>Level four</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Must know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Must know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Chronic iridocyclitis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Must know</i>
Epidemiology	<i>Level four</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Must know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level four</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Hyphema

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after stabilization.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Must know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Must know</i>
Diagnostic approach	<i>Level three</i>	<i>Must know</i>
Therapeutic approach	<i>Level three</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Better to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	1

Adhesions iris and ciliary body

GP's Tasks in IRAN

Diagnosis	Diagnosis is not a GP's task.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level four</i>	<i>Nice to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level three</i>	<i>Nice to know</i>
Paraclinic	<i>Level four</i>	<i>No need to know</i>
Diagnostic approach	<i>Level four</i>	<i>No need to know</i>
Therapeutic approach	<i>Level four</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level four</i>	<i>No need to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Glaucoma

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening high risk people visited at office is a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Better to know</i>
Clinical manifestation	<i>Level three</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Must know</i>
Diagnostic approach	<i>Level three</i>	<i>Must know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Must know</i>
Prevention	<i>Level three</i>	<i>Must know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	2
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	1

Cataract

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level four</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	2
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	1

Hypermetropia

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Better to know</i>
Etiology	<i>Level four</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Myopia

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Better to know</i>
Etiology	<i>Level four</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Astigmatism

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Better to know</i>
Etiology	<i>Level four</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Presbyopia

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Better to know</i>
Etiology	<i>Level four</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Disorders of accommodation

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>No need to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level four</i>	<i>Better to know</i>
Diagnostic approach	<i>Level four</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level four</i>	<i>No need to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Amblyopia

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening high risk people visited at office is a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Must know</i>
Clinical manifestation	<i>Level three</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Must know</i>
Prevention	<i>Level three</i>	<i>Must know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	1

Keratitis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Sjogren's disease

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Nice to know</i>
Etiology	<i>Level two</i>	<i>Nice to know</i>
Pathophysiology	<i>Level two</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Nice to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Keratoconus

GP's Tasks in IRAN

Diagnosis	Diagnosis is not a GP's task.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Nice to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level four</i>	<i>No need to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level three</i>	<i>Nice to know</i>
Paraclinic	<i>Level four</i>	<i>No need to know</i>
Diagnostic approach	<i>Level four</i>	<i>No need to know</i>
Therapeutic approach	<i>Level four</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level four</i>	<i>No need to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Acute conjunctivitis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Must know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	2
Minimum required disease management under supervision of senior physician	2
Minimum required independent disease management:	1

Chronic conjunctivitis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level four</i>	<i>No need to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Blepharoconjunctivitis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level four</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Must know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	2
Minimum required disease management under supervision of senior physician	2
Minimum required independent disease management:	1

Pterygium

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on diagnosis.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	0

Conjunctival scars

GP's Tasks in IRAN

Diagnosis	Diagnosis is not a GP's task.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Nice to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level four</i>	<i>No need to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level three</i>	<i>Nice to know</i>
Paraclinic	<i>Level four</i>	<i>No need to know</i>
Diagnostic approach	<i>Level four</i>	<i>No need to know</i>
Therapeutic approach	<i>Level four</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level four</i>	<i>No need to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Conjunctival vascular disorders and cysts

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Nice to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level four</i>	<i>No need to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level four</i>	<i>Better to know</i>
Diagnostic approach	<i>Level four</i>	<i>Better to know</i>
Therapeutic approach	<i>Level four</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level four</i>	<i>No need to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Blepharitis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Must know</i>
Complication-Prognosis	<i>Level four</i>	<i>Nice to know</i>
Prevention	<i>Level four</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	2
Minimum required disease management under supervision of senior physician	2
Minimum required independent disease management:	2

Chalazion

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Better to know</i>
Clinical manifestation	<i>Level three</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Must know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	1

Entropion and trichiasis of eyelid

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on diagnosis.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level four</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Must know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	0

Ectropion

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on diagnosis.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level four</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Must know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	0

Dacryoadenitis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after stabilization.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level four</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Dry eye syndrome

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Must know</i>
Complication-Prognosis	<i>Level three</i>	<i>Must know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Stenosis and insufficiency of lacrimal passages

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level four</i>	<i>Nice to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	1

Cellulitis of orbit

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after stabilization.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Retained foreign body of orbit

GP's Tasks in IRAN

Diagnosis	Diagnosis is not a GP's task.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Nice to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level four</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Nice to know</i>
Paraclinic	<i>Level three</i>	<i>Nice to know</i>
Diagnostic approach	<i>Level three</i>	<i>Nice to know</i>
Therapeutic approach	<i>Level four</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level four</i>	<i>No need to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Optic neuritis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Strabismus

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on diagnosis.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	1

Esotropia

GP's Tasks in IRAN

Diagnosis	Diagnosis is not a GP's task.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Nice to know</i>
Paraclinic	<i>Level three</i>	<i>Nice to know</i>
Diagnostic approach	<i>Level three</i>	<i>Nice to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	1

Exotropia

GP's Tasks in IRAN

Diagnosis	Diagnosis is not a GP's task.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Nice to know</i>
Paraclinic	<i>Level three</i>	<i>Nice to know</i>
Diagnostic approach	<i>Level three</i>	<i>Nice to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	1

Intermittent heterotropia

GP's Tasks in IRAN

Diagnosis	Diagnosis is not a GP's task.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Nice to know</i>
Paraclinic	<i>Level three</i>	<i>Nice to know</i>
Diagnostic approach	<i>Level three</i>	<i>Nice to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Hypertropia

GP's Tasks in IRAN

Diagnosis	Diagnosis is not a GP's task.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Nice to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Nice to know</i>
Paraclinic	<i>Level three</i>	<i>Nice to know</i>
Diagnostic approach	<i>Level three</i>	<i>Nice to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Hypotropia

GP's Tasks in IRAN

Diagnosis	Diagnosis is not a GP's task.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Nice to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Nice to know</i>
Paraclinic	<i>Level three</i>	<i>Nice to know</i>
Diagnostic approach	<i>Level three</i>	<i>Nice to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Cyclotropia

GP's Tasks in IRAN

Diagnosis	Diagnosis is not a GP's task.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Nice to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Nice to know</i>
Paraclinic	<i>Level three</i>	<i>No need to know</i>
Diagnostic approach	<i>Level three</i>	<i>Nice to know</i>
Therapeutic approach	<i>Level four</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level four</i>	<i>No need to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Third cranial nerve palsy

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Fourth cranial nerve palsy

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Sixth cranial nerve palsy

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Scleritis and episcleritis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Vitreous detachment

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level two</i>	<i>Nice to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Anomalies of pupillary function

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level three</i>	<i>No need to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Congenital cataract and lens anomalies

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level four</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Coloboma

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Nice to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level four</i>	<i>Better to know</i>
Diagnostic approach	<i>Level four</i>	<i>Better to know</i>
Therapeutic approach	<i>Level four</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level four</i>	<i>No need to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Open wound of eyeball

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	0

Superficial injury of eye and adnexa

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level four</i>	<i>Nice to know</i>
Prevention	<i>Level four</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	1

Superficial injury of cornea

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Must know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	1

Foreign body on external eye except cornea

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Must know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Must know</i>
Diagnostic approach	<i>Level three</i>	<i>Must know</i>
Therapeutic approach	<i>Level three</i>	<i>Must know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	1

Superficial corneal foreign body

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on diagnosis.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level two</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>No need to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Nice to know</i>
Prevention	<i>Level two</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	1

Chemical burn of eye

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after stabilization.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Must know</i>
Epidemiology	<i>Level four</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	1

OPHTHALMOLOGY

ORTHOPEDICS DISEASES	General Practitioner Tasks							Theoretical Clinical Educational Needs										Practical Educational Needs		
	Diagnosis	Treatment	Referral	Follow up	Prevention	Screening	Patient Education	Definition	Epidemiology	Etiology	Pathophysiology	Clinical manifes.	Paraclinic	Diagnostic app.	Therapeutic app.	Complication	Prevention	Observation	Collaboration	Independent
Tuberculosis of bones and joints	2	0	0	0	2	0	0	A2	B2	B2	C2	A2	B3	B3	C4	B3	B3	0	0	0
Gas gangrene	1	0	0	0	0	0	0	B2	C3	C3	C3	B2	B2	B2	C3	C3	C3	0	0	0
Frozen shoulder	1	1	3	2	0	0	1	A2	B3	B3	B3	A2	C2	B2	A2	C3	C3	1	0	0
Hernia of nucleus pulpesus	1	1	3	1	0	0	1	A2	A2	B2	B2	A1	C2	A2	A2	A2	B2	1	1	1
Scheuermann's disease (juvenile kyphosis)	2	0	0	0	0	0	0	B2	C3	C3	C3	B2	B2	B2	C3	D3	D3	0	0	0
Septic arthritis	2	0	0	0	0	0	0	A2	B2	B2	C2	A2	A2	A2	C3	C3	D4	1	0	0
Renal bone disease	2	0	0	0	0	0	0	B2	C3	C3	C3	B2	B2	B2	C3	C3	C3	0	0	0
Hemophilic arthropathy	1	0	0	0	0	0	0	B2	C4	C4	C4	B2	C3	B2	C3	D3	C3	0	0	0
Viral arthritis	1	1	3	1	0	0	1	A2	B2	B2	B2	A2	B2	B2	B3	B3	B3	1	0	0
Malignant neoplasm of bone and articular cartilage	2	0	0	0	0	0	0	A2	C3	C3	C3	A2	B2	B2	C3	C3	D3	0	0	0
Benign neoplasm of bone and articular cartilage	2	0	0	0	0	0	0	A3	D4	C3	C3	A3	B3	B3	C3	B3	D3	1	0	0
Osteomalacia	2	1	3	2	1	0	1	A2	B2	B3	B2	A3	A3	A3	B3	B3	B2	1	0	0

	General Practitioner Tasks							Theoretical Clinical Educational Needs									Practical Educational Needs			
ORTHOPEDICS	Diagnosis	Treatment	Referral	Follow up	Prevention	Screening	Patient Education	Definition	Epidemiology	Etiology	Pathophysiology	Clinical manifes.	Paraclinic	Diagnostic app.	Therapeutic app.	Complication	Prevention	Observation	Collaboration	Independent
DISEASES																				
Reflex sympathetic dystrophy	1	1	3	2	1	0	1	A2	B3	B3	B3	A2	B3	B3	A2	B2	B2	1	0	0
Entrapment of upper limb nerves	1	0	0	0	0	0	0	A3	C3	C3	C3	B3	B3	B3	C3	C3	C3	1	1	0
Entrapment of lower limb nerves	1	0	0	0	0	0	0	A3	C3	C3	C3	B3	B3	B3	C3	C3	C3	0	0	0
Thoracic outlet syndrome	2	1	3	2	0	0	1	A2	C2	B2	C2	B2	B2	B2	B1	B1	C3	1	1	1
Carpal tunnel syndrome	2	1	3	2	0	0	1	A2	B2	B2	C3	A2	B2	A2	A2	A2	B2	1	1	1
Cellulitis and abscess of finger and toe	1	1	3	1	0	0	1	B2	C3	C3	C3	A2	B2	B2	B2	B2	C2	1	1	0
Anterior cruciate ligament injury	1	0	0	0	0	0	0	B2	C4	C4	C4	B2	C2	B2	D3	C3	C3	1	0	0
Medial cruciate ligament injury	1	0	0	0	0	0	0	B2	C4	C4	C4	B2	C2	B2	D3	C3	C3	1	0	0
Lateral cruciate ligament injury	1	0	0	0	0	0	0	B2	C4	C4	C4	B2	C2	B2	D3	C3	C3	1	0	0
Posterior cruciate ligament injury	1	0	0	0	0	0	0	B2	C4	C4	C4	B2	C2	B2	D3	C3	C3	0	0	0
Lateral meniscal injury	1	0	0	0	0	0	0	B2	C4	C4	C4	B2	C2	B2	D3	C3	C3	0	0	0
Medial meniscal injury	1	0	0	0	0	0	0	B2	C4	C4	C4	B2	C2	B2	D3	C3	C3	1	1	0

	General Practitioner Tasks							Theoretical Clinical Educational Needs									Practical Educational Needs			
ORTHOPEDICS	Diagnosis	Treatment	Referral	Follow up	Prevention	Screening	Patient Education	Definition	Epidemiology	Etiology	Pathophysiology	Clinical manifes.	Paraclinic	Diagnostic app.	Therapeutic app.	Complication	Prevention	Observation	Collaboration	Independent
DISEASES																				
Osteoarthritis	2	1	3	2	1	0	3	A2	B2	B2	B2	A2	B2	B2	A2	B2	B3	2	2	2
Traumatic arthropathy	2	0	1	0	0	0	0	B2	C3	C3	C3	B2	B2	B2	C3	C3	C3	0	0	0
Transient synovitis of hip	2	1	3	1	0	0	1	A2	B2	B2	C2	B2	B2	B2	B2	B2	B2	0	0	0
Internal derangement of knee	1	0	0	0	0	0	0	A2	C3	B3	C3	A2	B3	A2	C2	B3	C3	1	1	1
Pigmented villonodular synovitis	1	0	0	0	0	0	0	B2	C2	D3	D3	A2	B2	B2	C4	C4	D4	0	0	0
Ankylosing spondylitis	2	1	3	2	0	0	1	B2	C3	C3	C3	B2	B2	B2	B3	B3	D4	0	0	0
Intervertebral disc disorders	2	1	3	1	0	0	3	A2	B3	B3	B3	A3	A3	A3	A2	B3	A2	2	2	2
Rotator cuff syndrome of shoulder	2	1	3	2	0	0	1	A2	C3	B2	B2	A2	A2	A2	A2	B3	C4	1	1	1
Medial epicondylitis	1	1	3	1	0	0	1	A2	B3	B3	B3	A2	C2	B2	A2	C2	B2	1	0	0
Lateral epicondylitis (tennis elbow)	1	1	3	1	0	0	1	A2	B3	B3	B3	A2	C2	B2	A2	C2	B2	1	1	0
Olecranon bursitis	1	1	3	1	0	0	1	A2	B3	B3	B3	A3	C3	B3	A3	A3	B3	1	0	0
Prepatellar bursitis	1	1	3	1	0	0	1	A2	B3	B3	C3	A2	C3	B3	A2	C4	B3	1	1	0

	General Practitioner Tasks							Theoretical Clinical Educational Needs									Practical Educational Needs			
ORTHOPEDICS	Diagnosis	Treatment	Referral	Follow up	Prevention	Screening	Patient Education	Definition	Epidemiology	Etiology	Pathophysiology	Clinical manifes.	Paraclinic	Diagnostic app.	Therapeutic app.	Complication	Prevention	Observation	Collaboration	Independent
DISEASES																				
Achilles bursitis or tendinitis	1	1	3	1	0	0	1	A2	B2	B2	B2	A2	C2	B2	A2	A2	B2	1	0	0
Osteomyelitis	2	0	0	0	0	0	0	A2	C2	B2	C2	A2	B3	B3	C3	B2	C3	1	1	0
Paget's disease of bone	2	0	0	0	0	0	0	B2	C2	C2	C2	B3	B3	B3	C2	C2	B3	0	0	0
Legg-Calve-Perthes	2	0	0	0	0	0	0	B2	C2	C2	C2	B2	B2	B2	C3	C3	D3	0	0	0
Osgood-Schlatter disease	2	1	3	2	0	0	1	A2	B2	B3	B3	A3	A3	B3	A3	A3	B3	1	0	0
Osteoporosis	1	1	3	2	1	1	3	A2	B2	B2	B2	A2	B2	A2	A2	B2	A2	2	2	2
Pathologic fracture	2	0	0	0	0	0	0	B3	D4	B2	C3	B3	B3	B4	D4	C3	C3	0	0	0
Fibrous dysplasia	2	0	0	0	0	0	0	B2	C3	C2	C2	B3	B3	B3	C2	C2	D4	0	0	0
Aseptic necrosis of bone	2	0	0	0	0	0	0	B2	C2	C2	C2	B3	B3	B3	D3	D3	B2	0	0	0
Malunion and nonunion of fracture	2	0	0	0	0	0	0	B2	C3	C3	C4	B2	B3	B3	C3	C3	C3	1	0	0
Chondromalacia of patella	2	1	3	2	0	0	3	A2	C2	C2	C2	A2	A2	A2	A2	B3	B3	1	1	1
Flat foot	1	1	3	1	0	0	1	A2	B2	C3	C3	A3	B3	B2	A2	C3	D4	1	1	1

		General Practitioner Tasks							Theoretical Clinical Educational Needs										Practical Educational Needs		
ORTHOPEDICS	DISEASES	Diagnosis	Treatment	Referral	Follow up	Prevention	Screening	Patient Education	Definition	Epidemiology	Etiology	Pathophysiology	Clinical manifes.	Paraclinic	Diagnostic app.	Therapeutic app.	Complication	Prevention	Observation	Collaboration	Independent
	Hallux valgus	1	1	3	1	0	0	1	A2	B3	B3	B3	A2	B2	B2	B2	C2	D3	1	1	0
	Hallux rigidus	2	1	3	1	0	0	1	B2	C3	C3	C3	B2	B2	B2	B2	C2	C2	0	0	0
	Club foot	1	0	0	0	0	0	0	B2	C2	C2	C2	B2	C2	B2	C3	C3	D3	0	0	0
	Coxa valga	0	0	0	0	0	0	0	B2	C3	C3	D3	C3	B2	C3	D3	D3	D3	0	0	0
	Coxa vara	0	0	0	0	0	0	0	B2	C3	C3	D3	C3	B2	C3	D3	D3	D3	0	0	0
	Genu valgum	2	0	1	0	0	0	0	A2	B2	B2	C3	B2	A2	B2	C2	C2	B2	1	1	0
	Genu varum	2	0	1	0	0	0	0	A2	B2	B2	C3	B2	A2	B2	C2	C2	B2	1	1	0
	Unequal leg length	2	0	0	0	0	0	0	B2	C4	B2	C3	B2	B3	B2	C2	C3	D4	0	0	0
	Adolescent postural kyphosis	2	0	0	0	0	0	0	B2	C3	C2	C2	B2	B3	B3	C2	C3	D4	1	1	0
	Acquired lordosis	2	0	0	0	0	0	0	B2	C4	C3	C3	B2	B3	B2	C2	C2	D4	0	0	0
	Idiopathic scoliosis [and kyphoscoliosis]	2	0	1	0	0	1	0	B2	C3	C3	C3	B2	B3	B3	C3	C3	D4	1	1	0
	Congenital dislocation of hip	2	0	0	2	1	2	1	A2	B2	C3	C3	A2	B3	B3	C4	C3	B2	1	1	1

		General Practitioner Tasks							Theoretical Clinical Educational Needs										Practical Educational Needs		
ORTHOPEDICS	DISEASES	Diagnosis	Treatment	Referral	Follow up	Prevention	Screening	Patient Education	Definition	Epidemiology	Etiology	Pathophysiology	Clinical manifes.	Paraclinic	Diagnostic app.	Therapeutic app.	Complication	Prevention	Observation	Collaboration	Independent
	Varus deformities of feet	2	0	0	0	0	0	0	B2	D4	C3	C3	B2	B3	B3	C3	C3	D3	0	0	0
	Polydactyly	1	0	1	0	0	0	0	B2	C3	C3	D4	B4	B3	B3	D4	D4	D4	0	0	0
	Syndactyly	1	0	1	0	0	0	0	B2	C3	C3	C3	B3	B3	B3	C3	D4	D4	0	0	0
	Spondylosis	2	1	3	1	0	0	1	A2	B2	B3	B3	A1	A2	A2	A1	A3	A3	2	2	2
	Spondylolisthesis	2	0	0	0	0	0	0	B2	C3	C3	C3	B3	B3	B3	C3	C3	D3	0	0	0
	Achondroplasia	1	0	0	0	0	0	0	B3	C3	D4	D4	B2	B3	B3	C3	C3	D4	0	0	0
	Fracture of vertebral column	2	1	2	0	0	0	1	B2	B3	B3	B3	B2	B3	B3	B3	B3	D4	1	1	0
	Fracture of cervical vertebra	2	1	2	0	0	0	0	B2	B3	B3	B3	B2	B3	B3	B3	B3	D3	1	0	0
	Fracture of thoracic vertebra	2	1	2	0	0	0	0	B2	B3	B3	B3	B2	B3	B3	B3	B3	D3	1	0	0
	Fracture of lumbar vertebra	2	1	2	0	0	0	0	B2	B3	B3	B3	B2	B3	B3	B3	B3	D3	1	0	0
	Fracture of sacrum and coccyx	2	1	2	0	0	0	0	B2	B3	B3	B3	B2	B3	B3	B3	B3	D3	0	0	0
	Fracture of pelvis	2	1	2	0	0	0	0	B2	C2	C2	B3	B2	B3	B3	A2	B2	D4	0	0	0

	General Practitioner Tasks							Theoretical Clinical Educational Needs									Practical Educational Needs			
ORTHOPEDICS	Diagnosis	Treatment	Referral	Follow up	Prevention	Screening	Patient Education	Definition	Epidemiology	Etiology	Pathophysiology	Clinical manifes.	Paraclinic	Diagnostic app.	Therapeutic app.	Complication	Prevention	Observation	Collaboration	Independent
DISEASES																				
Fracture of clavicle	2	1	3	2	0	0	1	A2	C3	C3	C3	A2	B3	A2	A2	C3	D4	1	1	1
Fracture of humerus	2	1	2	0	0	0	0	A2	C3	C3	C3	A2	B2	B2	B2	B2	D4	1	1	0
Fracture of radius and ulna	2	1	2	0	0	0	0	A2	C3	C3	C3	A2	B2	B2	B3	B3	D4	1	1	0
Fracture of carpal bone(s)	2	1	2	0	0	0	0	A2	C2	C2	C2	A2	B3	B2	B2	C3	D4	0	0	0
Fracture of metacarpal bone(s)	2	1	2	0	0	0	0	A2	C3	C3	C3	A2	B3	B2	B2	B3	D4	1	1	1
Fracture of phalanges of hand	2	1	2	0	0	0	0	A2	C3	C3	C3	A2	B2	B2	B2	C3	D4	1	1	0
Multiple fractures of hand bones	2	1	2	0	0	0	0	B2	C3	C3	C3	B2	B3	B2	A2	B2	D4	0	0	0
Fracture of femur	2	1	2	0	0	0	0	A2	B2	B2	C2	A2	B2	B2	A2	B3	B2	1	0	0
Fracture of patella	2	1	2	0	0	0	0	B2	C3	C3	C3	B3	B4	B3	B4	C4	D4	0	0	0
Fracture of tibia and fibula	2	1	2	0	0	0	0	A2	C3	C3	C3	B3	B3	B3	B3	B3	D4	1	1	0
Fracture of ankle	2	1	2	0	0	0	0	A2	C3	C3	C3	B3	B3	B3	B3	B3	D4	1	1	0
Fracture of tarsal and metatarsal bones	2	1	2	0	0	0	0	A2	C3	C3	C3	B3	B3	B3	B3	B3	D4	1	1	0

	General Practitioner Tasks							Theoretical Clinical Educational Needs									Practical Educational Needs			
ORTHOPEDICS DISEASES	Diagnosis	Treatment	Referral	Follow up	Prevention	Screening	Patient Education	Definition	Epidemiology	Etiology	Pathophysiology	Clinical manifes.	Paraclinic	Diagnostic app.	Therapeutic app.	Complication	Prevention	Observation	Collaboration	Independent
Fracture of phalanges of foot	2	1	3	2	0	0	1	B2	C2	C2	C3	B3	B3	B3	B2	C4	C4	1	1	1
Dislocation of shoulder	2	1	3	2	0	0	1	A2	B2	C3	C3	A2	A2	B2	A2	B2	B2	1	1	0
Dislocation of elbow	2	1	2	0	0	0	0	B2	C3	C3	C3	B3	B3	B3	B3	C3	C4	0	0	0
Dislocation of finger	2	1	2	0	0	0	0	A2	D4	B3	B3	A2	B3	A2	A2	C3	D4	0	0	0
Dislocation of hip	2	0	1	0	0	0	0	A2	C2	C2	C2	B2	B2	A1	C1	C2	C3	0	0	0
Dislocation of knee	2	1	2	0	0	0	0	B2	C2	C2	C2	B2	B2	B2	B3	C2	C3	0	0	0
Cervical vertebra dislocation	2	1	2	0	0	0	0	B1	C3	C3	C3	B2	B2	B2	B3	C2	D4	0	0	0
Thoracic and lumbar vertebra dislocation	2	1	2	0	0	0	0	B2	C2	C2	C3	B3	B3	B3	B4	C4	C3	0	0	0
Sprains and strains of knee	1	1	3	1	0	0	1	A2	C3	C3	C3	A2	B2	B2	B2	C3	C3	0	0	0
Sprains and strains of ankle and foot	1	1	3	1	0	0	1	A2	B2	B2	B2	A2	A2	B2	A2	B2	B2	1	1	1
Neck sprain and strain	1	1	3	1	0	0	1	B2	C3	C3	C3	B3	B3	B4	B4	D4	C3	0	0	0
Lumbar sprain and strain	1	1	3	1	0	0	1	A2	C3	C3	C3	A2	B4	B4	A2	D4	B2	1	1	1

	General Practitioner Tasks							Theoretical Clinical Educational Needs										Practical Educational Needs		
	Diagnosis	Treatment	Referral	Follow up	Prevention	Screening	Patient Education	Definition	Epidemiology	Etiology	Pathophysiology	Clinical manifes.	Paraclinic	Diagnostic app.	Therapeutic app.	Complication	Prevention	Observation	Collaboration	Independent
ORTHOPEDICS																				
<i>DISEASES</i>																				
Open wound of shoulder and upper arm	1	1	3	1	0	0	1	A2	C3	C3	B2	B2	B3	B2	B2	C2	C4	0	0	0
Open wound of elbow, forearm, and wrists	1	0	1	0	0	0	0	A2	C3	C3	B2	B2	B3	B2	C2	C2	C4	1	1	0
Open wound of hand	1	0	1	0	0	0	0	A2	C3	C3	B2	B2	B3	B2	C2	C2	C4	0	0	0
Traumatic amputation of finger	1	0	1	0	0	0	0	B2	D4	D4	C3	B2	B3	B3	C3	C3	D4	0	0	0
Open wound of hip and thigh	1	1	3	2	0	0	1	B2	D4	D4	C3	B2	B3	B3	B2	B2	D4	0	0	0
Open wound of knee	1	0	1	0	0	0	0	B2	D4	D4	C3	B2	B3	B3	C2	C2	D4	0	0	0
Open wound of leg and foot	1	1	3	2	0	0	1	B2	D4	D4	C3	B2	B3	B3	B2	B2	D4	0	0	0
Injury to blood vessels of upper extremity	1	1	2	0	0	0	0	B2	C3	C3	B3	B2	B3	B3	B3	C4	D4	0	0	0
Injury to blood vessels of lower extremity	1	1	2	0	0	0	0	B2	C3	C3	B3	B2	B3	B3	B3	C4	D4	0	0	0
Crushing injury of upper limb	2	1	2	0	0	0	0	A2	C2	B2	B2	A2	B2	B2	B2	A2	C3	0	0	0
Crushing injury of lower limb	2	1	2	0	0	0	0	A2	C2	B2	B2	A2	B2	B2	B2	A2	C3	0	0	0
Injury to peripheral nerve(s) of shoulder girdle and upper limb	1	0	0	0	0	0	0	A2	C2	C2	C3	A2	A2	A2	C2	C2	C3	1	1	0

	General Practitioner Tasks						Theoretical Clinical Educational Needs										Practical Educational Needs			
ORTHOPEDICS	Diagnosis	Treatment	Referral	Follow up	Prevention	Screening	Patient Education	Definition	Epidemiology	Etiology	Pathophysiology	Clinical manifes.	Paraclinic	Diagnostic app.	Therapeutic app.	Complication	Prevention	Observation	Collaboration	Independent
DISEASES																				
Injury to peripheral nerve(s) of pelvic girdle and lower limb	1	0	0	0	0	0	0	A3	D4	B3	B2	A2	B3	B3	C3	C3	C4	1	1	0
Amputation stump complication	1	0	1	0	0	0	0	C2	D4	D4	D4	B2	B4	B4	C2	D4	C2	0	0	0
Bicipital tendinitis	1	1	3	1	0	0	1	A2	B3	B3	B3	A2	C3	A2	A2	A2	C3	0	0	0
March fracture	2	1	3	1	0	0	1	A2	C2	B2	B2	A2	A2	A2	A2	B2	C2	0	0	0
Anterior metatarsalgia	1	1	3	1	0	0	1	A2	C3	C3	C3	A2	C2	B2	A2	B2	B2	0	0	0
Plantar neuroma	1	1	3	1	0	0	1	A2	C3	C3	C3	A2	C2	B2	A2	B2	B2	0	0	0
Plantar fasciitis	2	1	3	1	0	0	1	A2	B3	B3	B3	A3	A3	A3	B2	B2	C2	1	1	1
De quurvain's disease	1	1	3	1	0	0	1	A2	C2	C2	C3	A2	C2	B2	A2	B2	C2	1	1	1
Trigger finger	1	0	1	0	0	0	0	B3	C3	C3	C3	A3	C3	B3	D3	D3	D3	0	0	0
Dupuytren's Contracture	1	0	1	0	0	0	0	B2	C3	C3	C3	B2	C2	B2	C3	C3	C3	0	0	0
Compartment syndrome	1	0	0	0	0	0	0	B2	C3	C3	C3	B2	C2	B2	C3	C3	C3	0	0	0

Tuberculosis of bones and joints

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is a GP's task by vaccination.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level two</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level four</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Better to know</i>
Prevention	<i>Level three</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Gas gangrene

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Frozen shoulder

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Nice to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Hernia of nucleus pulposus

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Must know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level two</i>	<i>Better to know</i>
Clinical manifestation	<i>Level one</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Nice to know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level two</i>	<i>Must know</i>
Prevention	<i>Level two</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	1

Scheuermann's disease (juvenile kyphosis)

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>No need to know</i>
Prevention	<i>Level three</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Septic arthritis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level two</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Renal bone disease

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Hemophilic arthropathy

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level four</i>	<i>Nice to know</i>
Etiology	<i>Level four</i>	<i>Nice to know</i>
Pathophysiology	<i>Level four</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Nice to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>No need to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Viral arthritis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level two</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Better to know</i>
Prevention	<i>Level three</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Malignant neoplasm of bone and articular cartilage

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Benign neoplasm of bone and articular cartilage

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Must know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Better to know</i>
Prevention	<i>Level three</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Osteomalacia

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level two</i>	<i>Better to know</i>
Clinical manifestation	<i>Level three</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Must know</i>
Diagnostic approach	<i>Level three</i>	<i>Must know</i>
Therapeutic approach	<i>Level three</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Better to know</i>
Prevention	<i>Level two</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Reflex sympathetic dystrophy

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level two</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Entrapment of upper limb nerves

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	0

Entrapment of lower limb nerves

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Thoracic outlet syndrome

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Nice to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level two</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level one</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level one</i>	<i>Better to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	1

Carpal tunnel syndrome

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level two</i>	<i>Must know</i>
Prevention	<i>Level two</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	1

Cellulitis and abscess of finger and toe

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level two</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	0

Anterior cruciate ligament injury

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level four</i>	<i>Nice to know</i>
Etiology	<i>Level four</i>	<i>Nice to know</i>
Pathophysiology	<i>Level four</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Nice to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Medial cruciate ligament injury

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level four</i>	<i>Nice to know</i>
Etiology	<i>Level four</i>	<i>Nice to know</i>
Pathophysiology	<i>Level four</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Nice to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Lateral cruciate ligament injury

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level four</i>	<i>Nice to know</i>
Etiology	<i>Level four</i>	<i>Nice to know</i>
Pathophysiology	<i>Level four</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Nice to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Posterior cruciate ligament injury

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level four</i>	<i>Nice to know</i>
Etiology	<i>Level four</i>	<i>Nice to know</i>
Pathophysiology	<i>Level four</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Nice to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Lateral meniscal injury

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level four</i>	<i>Nice to know</i>
Etiology	<i>Level four</i>	<i>Nice to know</i>
Pathophysiology	<i>Level four</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Nice to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Medial meniscal injury

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level four</i>	<i>Nice to know</i>
Etiology	<i>Level four</i>	<i>Nice to know</i>
Pathophysiology	<i>Level four</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Nice to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	0

Osteoarthritis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is necessary by educational pamphlets or booklets.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level two</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level three</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	2
Minimum required disease management under supervision of senior physician	2
Minimum required independent disease management:	2

Traumatic arthropathy

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on diagnosis.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Transient synovitis of hip

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level two</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level two</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Internal derangement of knee

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Better to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	1

Pigmented villonodular synovitis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level two</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>No need to know</i>
Pathophysiology	<i>Level three</i>	<i>No need to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level four</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level four</i>	<i>Nice to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Ankylosing spondylitis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Better to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Intervertebral disc disorders

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is necessary by educational pamphlets or booklets.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Better to know</i>
Clinical manifestation	<i>Level three</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Must know</i>
Diagnostic approach	<i>Level three</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level three</i>	<i>Better to know</i>
Prevention	<i>Level two</i>	<i>Must know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	2
Minimum required disease management under supervision of senior physician	2
Minimum required independent disease management:	2

Rotator cuff syndrome of shoulder

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level two</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level three</i>	<i>Better to know</i>
Prevention	<i>Level four</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	1

Medial epicondylitis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Nice to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level two</i>	<i>Nice to know</i>
Prevention	<i>Level two</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Lateral epicondylitis (tennis elbow)

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Nice to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level two</i>	<i>Nice to know</i>
Prevention	<i>Level two</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	0

Olecranon bursitis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Better to know</i>
Clinical manifestation	<i>Level three</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Nice to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Must know</i>
Complication-Prognosis	<i>Level three</i>	<i>Must know</i>
Prevention	<i>Level three</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Prepatellar bursitis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Nice to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level four</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	0

Achilles bursitis or tendinitis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level two</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Nice to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level two</i>	<i>Must know</i>
Prevention	<i>Level two</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Osteomyelitis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Nice to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level two</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	0

Paget's disease of bone

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level two</i>	<i>Nice to know</i>
Etiology	<i>Level two</i>	<i>Nice to know</i>
Pathophysiology	<i>Level two</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Legg-Calve-Perthes

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level two</i>	<i>Nice to know</i>
Etiology	<i>Level two</i>	<i>Nice to know</i>
Pathophysiology	<i>Level two</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Osgood-Schlatter disease

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Better to know</i>
Clinical manifestation	<i>Level three</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Must know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Must know</i>
Complication-Prognosis	<i>Level three</i>	<i>Must know</i>
Prevention	<i>Level three</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Osteoporosis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening high risk people visited at office is a GP's task.
Patient education	Patient education is necessary by educational pamphlets or booklets.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level two</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level two</i>	<i>Must know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	2
Minimum required disease management under supervision of senior physician	2
Minimum required independent disease management:	2

Pathologic fracture

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level four</i>	<i>Better to know</i>
Therapeutic approach	<i>Level four</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Fibrous dysplasia

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level two</i>	<i>Nice to know</i>
Pathophysiology	<i>Level two</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Nice to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Aseptic necrosis of bone

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level two</i>	<i>Nice to know</i>
Etiology	<i>Level two</i>	<i>Nice to know</i>
Pathophysiology	<i>Level two</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level three</i>	<i>No need to know</i>
Prevention	<i>Level two</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Malunion and nonunion of fracture

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level four</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Chondromalacia of patella

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is necessary by educational pamphlets or booklets.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Nice to know</i>
Etiology	<i>Level two</i>	<i>Nice to know</i>
Pathophysiology	<i>Level two</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level three</i>	<i>Better to know</i>
Prevention	<i>Level three</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	1

Flat foot

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	1

Hallux valgus

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	0

Hallux rigidus

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Nice to know</i>
Prevention	<i>Level two</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Club foot

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level two</i>	<i>Nice to know</i>
Etiology	<i>Level two</i>	<i>Nice to know</i>
Pathophysiology	<i>Level two</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Nice to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Coxa valga

GP's Tasks in IRAN

Diagnosis	Diagnosis is not a GP's task.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>No need to know</i>
Clinical manifestation	<i>Level three</i>	<i>Nice to know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Nice to know</i>
Therapeutic approach	<i>Level three</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level three</i>	<i>No need to know</i>
Prevention	<i>Level three</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Coxa vara

GP's Tasks in IRAN

Diagnosis	Diagnosis is not a GP's task.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>No need to know</i>
Clinical manifestation	<i>Level three</i>	<i>Nice to know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Nice to know</i>
Therapeutic approach	<i>Level three</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level three</i>	<i>No need to know</i>
Prevention	<i>Level three</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Genu valgum

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on diagnosis.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Nice to know</i>
Prevention	<i>Level two</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	0

Genu varum

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on diagnosis.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Nice to know</i>
Prevention	<i>Level two</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	0

Unequal leg length

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level four</i>	<i>Nice to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Adolescent postural kyphosis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level two</i>	<i>Nice to know</i>
Pathophysiology	<i>Level two</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	0

Acquired lordosis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level four</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Nice to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Idiopathic scoliosis (and kyphoscoliosis)

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on diagnosis.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening high risk people visited at office is a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	0

Congenital dislocation of hip

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	The GP's task is to screen for high-risk groups in his/her undercover population.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level four</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level two</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	1

Varus deformities of feet

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Polydactyly

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on diagnosis.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level four</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level four</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level four</i>	<i>No need to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Syndactyly

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on diagnosis.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level four</i>	<i>No need to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Spondylosis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Better to know</i>
Clinical manifestation	<i>Level one</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level one</i>	<i>Must know</i>
Complication-Prognosis	<i>Level three</i>	<i>Must know</i>
Prevention	<i>Level three</i>	<i>Must know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	2
Minimum required disease management under supervision of senior physician	2
Minimum required independent disease management:	2

Spondylolisthesis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Achondroplasia

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level four</i>	<i>No need to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Fracture of vertebral column

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after stabilization.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Better to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	0

Fracture of cervical vertebra

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after stabilization.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Better to know</i>
Prevention	<i>Level three</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Fracture of thoracic vertebra

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after stabilization.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Better to know</i>
Prevention	<i>Level three</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Fracture of lumbar vertebra

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after stabilization.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Better to know</i>
Prevention	<i>Level three</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Fracture of sacrum and coccyx

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after stabilization.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Better to know</i>
Prevention	<i>Level three</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Fracture of pelvis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after stabilization.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level two</i>	<i>Nice to know</i>
Etiology	<i>Level two</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Fracture of clavicle

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	1

Fracture of humerus

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after stabilization.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	0

Fracture of radius and ulna

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after stabilization.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Better to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	0

Fracture of carpal bone(s)

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after stabilization.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Nice to know</i>
Etiology	<i>Level two</i>	<i>Nice to know</i>
Pathophysiology	<i>Level two</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Fracture of metacarpal bone(s)

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after stabilization.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Better to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	1

Fracture of phalanges of hand

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after stabilization.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	0

Multiple fractures of hand bones

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after stabilization.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Fracture of femur

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after stabilization.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level two</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level three</i>	<i>Better to know</i>
Prevention	<i>Level two</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Fracture of patella

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after stabilization.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level four</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level four</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level four</i>	<i>Nice to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Fracture of tibia and fibula

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after stabilization.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Better to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	0

Fracture of ankle

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after stabilization.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Better to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	0

Fracture of tarsal and metatarsal bones

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after stabilization.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Better to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	0

Fracture of phalanges of foot

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level two</i>	<i>Nice to know</i>
Etiology	<i>Level two</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level four</i>	<i>Nice to know</i>
Prevention	<i>Level four</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	1

Dislocation of shoulder

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level two</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	0

Dislocation of elbow

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after stabilization.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level four</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Dislocation of finger

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after stabilization.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Dislocation of hip

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on diagnosis.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Nice to know</i>
Etiology	<i>Level two</i>	<i>Nice to know</i>
Pathophysiology	<i>Level two</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level one</i>	<i>Must know</i>
Therapeutic approach	<i>Level one</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Dislocation of knee

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after stabilization.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level two</i>	<i>Nice to know</i>
Etiology	<i>Level two</i>	<i>Nice to know</i>
Pathophysiology	<i>Level two</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Cervical vertebra dislocation

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after stabilization.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level one</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Nice to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Thoracic and lumbar vertebra dislocation

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after stabilization.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level two</i>	<i>Nice to know</i>
Etiology	<i>Level two</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level four</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level four</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Sprains and strains of knee

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Sprains and strains of ankle and foot

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level two</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level two</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	1

Neck sprain and strain

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level four</i>	<i>Better to know</i>
Therapeutic approach	<i>Level four</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level four</i>	<i>No need to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Lumbar sprain and strain

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level four</i>	<i>Better to know</i>
Diagnostic approach	<i>Level four</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level four</i>	<i>No need to know</i>
Prevention	<i>Level two</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	1

Open wound of shoulder and upper arm

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level two</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Nice to know</i>
Prevention	<i>Level four</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Open wound of elbow, forearm, and wrists

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on diagnosis.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level two</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Nice to know</i>
Prevention	<i>Level four</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	0

Open wound of hand

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on diagnosis.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level two</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Nice to know</i>
Prevention	<i>Level four</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Traumatic amputation of finger

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on diagnosis.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level four</i>	<i>No need to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Open wound of hip and thigh

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level four</i>	<i>No need to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Open wound of knee

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on diagnosis.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level four</i>	<i>No need to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Nice to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Open wound of leg and foot

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level four</i>	<i>No need to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Injury to blood vessels of upper extremity

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after stabilization.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level four</i>	<i>Nice to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Injury to blood vessels of lower extremity

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after stabilization.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level four</i>	<i>Nice to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Crushing injury of upper limb

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after stabilization.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Nice to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level two</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Must know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Crushing injury of lower limb

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after stabilization.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Nice to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level two</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Must know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Injury to peripheral nerve(s) of shoulder girdle and upper limb

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Nice to know</i>
Etiology	<i>Level two</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	0

Injury to peripheral nerve(s) of pelvic girdle and lower limb

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Must know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level two</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level four</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	0

Amputation stump complication

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on diagnosis.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Nice to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level four</i>	<i>No need to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level four</i>	<i>Better to know</i>
Diagnostic approach	<i>Level four</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level four</i>	<i>No need to know</i>
Prevention	<i>Level two</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Bicipital tendinitis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Nice to know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level two</i>	<i>Must know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

March fracture

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Nice to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level two</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level two</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Anterior metatarsalgia

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Nice to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level two</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Plantar neuroma

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Nice to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level two</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Plantar fasciatis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Better to know</i>
Clinical manifestation	<i>Level three</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Must know</i>
Diagnostic approach	<i>Level three</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level two</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	1

De quervain's disease

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Nice to know</i>
Etiology	<i>Level two</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Nice to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level two</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	1

Trigger finger

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on diagnosis.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Nice to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level three</i>	<i>No need to know</i>
Prevention	<i>Level three</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Dupuytren's Contracture

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on diagnosis.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Nice to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Compartment syndrome

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Nice to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

PEDIATRICS

	General Practitioner Tasks							Theoretical Clinical Educational Needs									Practical Educational Needs			
PEDIATRICS DISEASES	Diagnosis	Treatment	Referral	Follow up	Prevention	Screening	Patient Education	Definition	Epidemiology	Etiology	Pathophysiology	Clinical manifes.	Paraclinic	Diagnostic app.	Therapeutic app.	Complication	Prevention	Observation	Collaboration	Independent
Viral gastroenteritis	1	2	4	1	1	0	1	B2	B3	B3	C3	B2	B2	B2	B2	C2	B2	2	1	0
Primary tuberculous infection	2	1	3	4	2	0	1	A2	B2	B2	B3	A1	A2	A2	A1	B2	A2	1	1	0
Diphtheria	1	1	2	0	2	0	1	A3	B2	B3	B3	A2	A2	A2	B2	A3	A2	0	0	0
Whooping cough	1	1	3	1	2	0	1	A3	B2	B2	C2	A2	A1	B2	A2	B2	B2	0	0	0
Scarlet fever	1	2	4	1	1	0	1	A2	B2	B2	C3	A2	B2	A2	A2	B2	B2	1	1	1
Septicemia	2	1	2	0	0	0	0	A2	B2	B2	C2	A2	A2	A2	B2	B2	B2	1	1	1
Acute poliomyelitis	1	0	0	0	2	0	0	A2	C3	B2	C3	A2	B3	B3	C2	C3	A2	0	0	0
Viral meningitis	1	0	0	0	0	0	0	B2	C2	C2	C2	B2	B3	B2	C2	C2	C3	0	0	0
Chickenpox	1	2	4	1	1	0	1	A2	B2	B2	C3	A2	A2	A2	A2	A2	A2	2	2	2
Measles	1	2	4	1	2	0	1	A3	B2	B2	C3	A2	A2	A2	A2	A2	A2	0	0	0
Rubella	1	2	4	1	2	0	1	A2	B2	B2	C3	A2	A3	B2	A2	B2	B2	0	0	0
Erythema infectiosum [fifth disease]	1	2	4	1	0	0	1	A3	B3	B3	C3	A2	B3	A3	A3	B3	A3	0	0	0

	General Practitioner Tasks						Theoretical Clinical Educational Needs										Practical Educational Needs			
PEDIATRICS DISEASES	Diagnosis	Treatment	Referral	Follow up	Prevention	Screening	Patient Education	Definition	Epidemiology	Etiology	Pathophysiology	Clinical manifes.	Paraclinic	Diagnostic app.	Therapeutic app.	Complication	Prevention	Observation	Collaboration	Independent
Exanthema subitum [sixth disease]	1	2	4	1	0	0	1	A2	B3	B3	C3	A2	B3	B3	A3	B3	B3	0	0	0
Fourth disease	1	2	4	1	0	0	1	B3	C3	C3	C3	A3	B3	B3	B3	C3	C3	0	0	0
Mumps	1	2	4	1	2	0	1	A2	B2	B2	C3	A2	B3	A2	A2	B2	A2	1	1	0
Pharyngoconjunctival fever	1	2	4	1	0	0	1	B3	C3	C3	D4	B2	B3	B2	B3	C3	C3	2	1	1
Molluscum contagiosum	1	1	4	0	1	0	1	A3	C3	B3	C3	B2	B3	B3	A2	B3	B3	1	1	0
Sleep terror disorder	1	1	3	1	0	0	1	A2	C2	C2	C2	B2	B2	B2	B2	B2	C2	0	0	0
Mental retardation	1	0	1	2	0	0	1	A2	C2	C2	C2	B3	B3	B3	C3	C3	C3	1	1	0
Pervasive developmental disorders	1	0	0	0	0	0	0	B2	C3	C3	C3	B2	B2	B2	C3	C3	C3	0	0	0
Attention-defecit/hyperactivity disorder	1	1	3	2	0	0	1	A2	C2	C2	C2	B1	B3	B2	B2	B2	D3	1	0	0
Oppositional defiant disorder	1	0	1	0	0	0	0	B2	C2	C2	C2	B1	B3	B2	C3	C3	D3	0	0	0
Enuresis	1	1	3	2	0	0	3	A2	A2	B3	B3	B1	B2	B1	B1	B1	C2	1	1	1
Thrush (oral)	1	2	4	1	0	0	1	A2	B3	B3	C3	A2	B3	B3	A2	B3	B3	2	2	1

	General Practitioner Tasks							Theoretical Clinical Educational Needs									Practical Educational Needs			
PEDIATRICS DISEASES	Diagnosis	Treatment	Referral	Follow up	Prevention	Screening	Patient Education	Definition	Epidemiology	Etiology	Pathophysiology	Clinical manifes.	Paraclinic	Diagnostic app.	Therapeutic app.	Complication	Prevention	Observation	Collaboration	Independent
Enterobiasis	2	2	4	2	1	0	1	A2	C3	C3	C3	A2	A2	A2	B2	B2	B3	1	0	0
Burkitt's lymphoma	1	0	0	0	0	0	0	B2	C3	D4	D4	B2	B3	B3	C3	C3	D3	0	0	0
Acute lymphoid leukemia	2	0	0	0	0	0	0	B2	C3	C3	D4	A2	A2	B3	C3	C3	D4	0	0	0
Acute myeloid leukemia	2	0	0	0	0	0	0	B3	D3	D4	C3	B3	B3	B3	D4	D4	D3	0	0	0
Kwashiorkor	2	1	3	2	1	1	1	A2	B2	B2	B2	A2	B3	B2	A2	A2	A2	1	0	0
Nutritional marasmus	2	1	3	2	1	1	1	A2	B2	B2	B2	A2	B3	B2	A2	A2	A2	1	0	0
Ariboflavinosis	1	1	3	2	1	0	1	B3	B3	C3	C3	B3	B3	B3	B3	C3	C3	0	0	0
Ascorbic acid deficiency	1	1	3	2	1	0	1	A3	B3	C3	C3	A2	B3	B3	A2	C3	C3	0	0	0
Rickets	2	2	4	2	1	1	1	A2	B2	B3	B3	A2	A2	B2	A2	B2	A2	2	1	1
Disturbances of amino-acid transport	0	0	0	0	0	0	0	C3	D4	D3	D3	C3	D3	D3	D3	D3	D3	0	0	0
Phenylketonuria [pku]	2	0	1	0	0	2	0	B2	C3	C3	C3	B2	B3	B3	C3	C3	C3	0	0	0
Albinism	1	0	0	0	0	0	0	B3	D4	D4	D4	B3	C3	B3	C3	C3	D4	0	0	0

	General Practitioner Tasks							Theoretical Clinical Educational Needs									Practical Educational Needs			
PEDIATRICS	Diagnosis	Treatment	Referral	Follow up	Prevention	Screening	Patient Education	Definition	Epidemiology	Etiology	Pathophysiology	Clinical manifes.	Paraclinic	Diagnostic app.	Therapeutic app.	Complication	Prevention	Observation	Collaboration	Independent
DISEASES																				
Maple syrup urine disease	0	0	0	0	0	0	0	C3	D4	D4	D4	C3	D4	D4	D4	D4	D4	0	0	0
Glycogenosis	0	0	0	0	0	0	0	C3	D4	D4	D4	C2	D4	D4	D4	D4	D4	0	0	0
Glucose-6-phophatase deficiency	2	1	3	1	1	0	3	A3	B2	B2	C2	A2	A2	B2	B2	B3	B2	0	0	0
Galactosemia	0	0	0	0	0	0	0	C3	D4	D4	D4	C3	C4	C4	D4	D4	D4	0	0	0
Lactase deficiency	1	1	3	2	0	0	1	A2	B3	C3	C3	A2	A2	A2	A2	B2	B2	1	1	0
Renal glycosuira	0	0	0	0	0	0	0	C3	D4	D4	D4	C3	C3	D4	D4	D4	D4	0	0	0
Gaucher's disease	0	0	0	0	0	0	0	C3	D4	D4	D4	C3	D4	D4	D4	D4	D4	0	0	0
Disorders of phosphorus metabolism	0	0	0	0	0	0	0	C3	D3	D3	A3	C3	C3	D4	D4	C3	D3	0	0	0
Cystic fibrosis	1	0	0	2	0	0	1	B2	C3	C3	C3	B2	B3	B3	C3	B3	C3	0	0	0
Congenital hyperbilirubinemia	2	0	0	0	0	0	0	A2	B2	B2	B2	A2	A3	B2	C3	B2	B3	0	0	0
Gilbert's Syndrome	2	1	3	1	0	0	1	A2	B2	B2	C3	A3	A3	B3	B2	B3	B3	0	0	0
Mucopolysaccharidosis	0	0	0	0	0	0	0	C3	D4	D4	D4	C3	C3	D4	D4	D4	D4	0	0	0

		General Practitioner Tasks							Theoretical Clinical Educational Needs										Practical Educational Needs		
PEDIATRICS	DISEASES	Diagnosis	Treatment	Referral	Follow up	Prevention	Screening	Patient Education	Definition	Epidemiology	Etiology	Pathophysiology	Clinical manifes.	Paraclinic	Diagnostic app.	Therapeutic app.	Complication	Prevention	Observation	Collaboration	Independent
	Selective IgA immunodeficiency	0	0	0	0	0	0	0	C3	D4	D4	D4	C3	C3	C3	D4	D4	D4	0	0	0
	Selective IgM immunodeficiency	0	0	0	0	0	0	0	C3	D4	D4	D4	C3	C3	C3	D3	D3	D3	0	0	0
	Selective deficiency of IgG	0	0	0	0	0	0	0	C3	D4	D4	D4	C3	C3	C3	D3	D4	D3	0	0	0
	Congenital hypogammaglobulinemia	0	0	0	0	0	0	0	C3	D4	D4	D4	C3	C3	C3	D3	D4	D3	0	0	0
	Wiskott-aldrich syndrome	0	0	0	0	0	0	0	C3	D4	D4	D4	C3	D4	D4	D4	D4	D4	0	0	0
	Combined immunity deficiency	0	0	0	0	0	0	0	C3	D4	D4	D4	C3	C3	D4	D4	D4	D4	0	0	0
	Sickle-cell anemia	2	0	0	0	0	0	0	A3	C3	C3	C3	A2	A3	B2	C3	B3	B3	0	0	0
	Hemolytic-uremic syndrome	2	0	0	0	0	0	0	B2	C3	C3	C3	A2	B2	B2	C3	B2	B2	0	0	0
	Congenital factor VIII disorder	2	0	0	0	0	0	0	A2	B3	C3	C3	A2	A3	A3	C3	A3	C3	0	0	0
	Congenital factor IX disorder	2	0	0	0	0	0	0	B3	C3	C3	C3	B2	B3	B3	C3	C3	B3	0	0	0
	Henoch-schonlein purpura	1	0	0	0	0	0	0	B3	C3	C3	C3	B3	B3	B2	C4	C4	C4	0	0	0
	Bacterial meningitis	2	1	2	0	0	0	0	A2	B2	A2	B3	A2	A2	A2	B2	B2	A2	1	1	0

	General Practitioner Tasks							Theoretical Clinical Educational Needs									Practical Educational Needs			
PEDIATRICS	Diagnosis	Treatment	Referral	Follow up	Prevention	Screening	Patient Education	Definition	Epidemiology	Etiology	Pathophysiology	Clinical manifes.	Paraclinic	Diagnostic app.	Therapeutic app.	Complication	Prevention	Observation	Collaboration	Independent
DISEASES																				
Reye's syndrome	1	0	0	0	1	0	0	A3	C3	B3	C3	B3	B3	B3	C3	B3	B3	0	0	0
Infantile cerebral palsy	1	0	0	2	0	0	1	B3	C3	B3	C3	B3	B3	B3	C3	C3	C3	0	0	0
Infantile spasms	1	0	0	0	0	0	0	B3	D3	D3	D4	B3	B3	B3	C3	D4	D4	0	0	0
Guillain-barre syndrome	1	0	0	0	0	0	0	B2	C2	C2	C2	B2	B2	B2	C2	C2	D3	0	0	0
Muscular dystrophies	2	0	0	0	0	0	0	A3	D3	D3	D4	B3	B3	B3	D4	C3	D4	0	0	0
Amblyopia	1	0	0	0	1	1	1	A3	C3	A3	D3	B3	B3	B3	C3	D3	B3	1	1	1
Acute nasopharyngitis [common cold]	1	2	4	1	0	0	1	A3	B3	A2	B3	A2	A3	A2	A2	A3	B3	2	2	4
Streptococcal pharyngitis	2	2	4	1	0	0	1	A2	B2	A2	C2	A1	A2	B2	A1	A2	A2	2	3	1
Acute sinusitis	2	1	3	1	1	0	1	A3	B3	A2	B3	A2	A3	A2	A2	A2	B3	1	1	2
Infectious mononucleosis	2	2	4	2	0	0	1	A2	B3	B3	B3	A2	A3	B2	B2	A2	B3	0	0	0
Croup	1	1	3	1	0	0	1	A2	B2	B2	B2	A2	A2	A2	A2	A2	B2	2	1	1
Acute bronchitis	1	2	4	1	1	0	1	A2	B3	B3	C3	A2	B2	B2	A2	B3	C3	1	1	1

	General Practitioner Tasks							Theoretical Clinical Educational Needs										Practical Educational Needs		
PEDIATRICS	Diagnosis	Treatment	Referral	Follow up	Prevention	Screening	Patient Education	Definition	Epidemiology	Etiology	Pathophysiology	Clinical manifes.	Paraclinic	Diagnostic app.	Therapeutic app.	Complication	Prevention	Observation	Collaboration	Independent
DISEASES																				
Chronic tonsillitis and adenoiditis	1	1	3	1	0	0	1	A3	C3	C3	C3	A2	A3	A3	A3	B2	B2	2	2	4
Allergic rhinitis	1	1	3	1	0	0	1	A3	B3	B3	C3	A2	A3	B3	A3	C3	B3	1	1	2
Viral pneumonia	2	2	4	1	0	0	1	A3	B3	B3	A3	A2	A3	B3	A2	A3	C3	1	1	2
Influenza	2	1	3	1	1	0	1	A2	B2	B3	C3	A2	B2	B3	B2	B2	A3	1	1	0
Asthma	1	1	3	2	1	0	3	A2	B3	A3	B3	A2	A3	A2	A2	A2	B3	3	2	2
Gastroesophageal reflux	1	1	3	2	0	0	3	A2	B2	A2	B2	A1	A2	A2	A2	A2	A2	1	1	1
Gastric ulcer	2	1	3	2	0	0	1	A2	B2	B2	B2	A2	A2	A2	A2	B2	B2	1	1	1
Umbilical hernia	1	0	1	0	0	0	0	B3	D4	D4	D4	B3	B4	B4	C3	B3	D4	0	0	0
Intussusception	2	0	0	0	0	0	0	A2	B2	B2	B2	A2	B3	B3	C3	B3	C3	0	0	0
Rhesus isoimmunization	2	0	1	2	1	1	1	A2	C3	B3	B3	A2	B3	A3	C3	B3	C3	0	0	0
Diaper rash	1	2	4	1	1	1	1	A2	B2	B2	C2	A2	B3	A2	A2	B2	A2	2	1	1
Dermatitis exfoliativa neonatorum	1	0	0	0	0	0	0	C3	D4	D4	D3	B3	C4	B4	D4	D4	D3	0	0	0

		General Practitioner Tasks						Theoretical Clinical Educational Needs										Practical Educational Needs			
PEDIATRICS	DISEASES	Diagnosis	Treatment	Referral	Follow up	Prevention	Screening	Patient Education	Definition	Epidemiology	Etiology	Pathophysiology	Clinical manifes.	Paraclinic	Diagnostic app.	Therapeutic app.	Complication	Prevention	Observation	Collaboration	Independent
Juvenile chronic polyarthritis		2	0	1	0	0	0	0	A2	B2	C2	C2	B2	B2	B2	C3	C3	D4	0	0	0
Transient synovitis of hip		2	1	3	1	0	0	1	A2	B3	B3	C3	A3	A3	A3	B3	B3	B3	0	0	0
Microcephalus		1	0	0	0	0	0	0	B2	C2	C2	C2	B2	B3	B3	D3	D3	C3	0	0	0
Congenital hydrocephalus		1	0	0	0	0	0	0	B2	C2	C2	C2	B2	B3	B3	D3	C3	D3	0	0	0
Congenital anomalies of ear, face, and neck		1	0	0	0	0	0	0	B3	D4	D4	D4	B3	B4	B4	D4	D4	D3	0	0	0
Tetralogy of fallot		1	0	0	0	0	0	0	B3	C3	C3	C3	B3	B3	B3	C3	C3	D4	0	0	0
Ventricular septal defect		1	0	0	0	0	0	0	B3	C3	C3	C3	B3	B3	B3	C3	C3	D4	0	0	0
Atrial septal defect		1	0	0	0	0	0	0	B3	C3	C3	C3	B3	B3	B3	C3	C3	C3	0	0	0
Cleft palate and cleft lip		1	0	1	0	0	0	0	A3	D4	D4	D4	A2	B3	B4	D4	D4	D4	0	0	0
Atresia of esophagus		1	0	0	0	0	0	0	B3	D4	D4	D4	B3	B3	B3	D4	B3	D4	0	0	0
Congenital esophageal ring		0	0	0	0	0	0	0	C3	D4	D4	D4	C3	D4	D4	D4	D4	D4	0	0	0
Congenital hiatus hernia		2	0	0	0	0	0	0	B3	C3	C3	C3	B2	B3	B2	C3	B3	C3	0	0	0

	General Practitioner Tasks							Theoretical Clinical Educational Needs										Practical Educational Needs		
PEDIATRICS DISEASES	Diagnosis	Treatment	Referral	Follow up	Prevention	Screening	Patient Education	Definition	Epidemiology	Etiology	Pathophysiology	Clinical manifes.	Paraclinic	Diagnostic app.	Therapeutic app.	Complication	Prevention	Observation	Collaboration	Independent
Imperforate anus	1	0	1	0	0	0	0	A2	C3	C3	C3	A3	C3	B3	C3	B3	D4	0	0	0
Hirschsprung's disease	2	0	0	0	0	0	0	A2	C3	C3	C3	A2	A2	B3	C3	B3	D4	0	0	0
Anomalies of pancreas	0	0	0	0	0	0	0	C3	D4	D4	D4	C3	C3	C3	C3	D4	D4	0	0	0
Undescended testis	1	0	0	0	0	0	0	A2	B3	D3	C3	A2	B3	B3	C3	C3	D4	1	1	0
Retractile testis	2	1	3	2	0	0	1	A3	A3	B3	B3	A3	B3	B3	B3	B3	D3	1	1	0
Hypospadias	1	0	1	0	0	0	1	B3	C3	C4	C3	B3	C3	B3	C3	B3	D4	0	0	0
Epispadias	1	0	1	0	0	0	1	B3	D4	D4	C3	B3	C3	B3	C3	B3	D3	0	0	0
Indeterminate sex and pseudohermaphroditism	1	0	0	0	0	0	0	B3	C3	C3	C3	A2	B3	B3	C3	C3	D4	0	0	0
Congenital dislocation of hip	2	0	0	2	1	2	1	A2	B3	C3	C3	A3	A3	A3	C3	B3	B3	1	1	1
Polydactyly	1	0	1	0	0	0	0	A3	D4	D4	D4	B3	B3	B3	C3	D4	D4	0	0	0
Syndactyly	1	0	1	0	0	0	0	C3	C3	D3	C3	B3	C3	B3	D4	D4	D4	0	0	0
Anomalies of skull and face bones	0	0	0	0	0	0	0	C3	D3	D3	D3	C3	D4	D4	D4	D4	D4	0	0	0

		General Practitioner Tasks						Theoretical Clinical Educational Needs										Practical Educational Needs			
PEDIATRICS	DISEASES	Diagnosis	Treatment	Referral	Follow up	Prevention	Screening	Patient Education	Definition	Epidemiology	Etiology	Pathophysiology	Clinical manifes.	Paraclinic	Diagnostic app.	Therapeutic app.	Complication	Prevention	Observation	Collaboration	Independent
Congenital diaphragmatic hernia		2	0	0	0	0	0	0	B3	C3	D3	D3	B3	B3	B3	D4	C3	D4	0	0	0
Down's syndrome		1	0	0	2	0	0	1	A2	B3	B3	C3	A2	B3	B3	C3	B2	A2	0	0	0
Klinefelter's syndrome		0	0	0	0	0	0	0	C3	D3	C3	D3	D3	D3	D3	C3	D4	D4	0	0	0
Birth trauma		1	0	1	1	1	0	0	A2	B3	B3	C3	A2	B3	B2	C2	B2	B2	0	0	0
Neonatal repiratory distress syndrome		2	0	0	0	0	0	0	A2	C3	A3	C2	A2	A3	B3	C3	C3	A2	0	0	0
Meconium aspiration syndrome		1	0	0	0	0	0	0	A2	C3	B2	C2	A2	B3	B3	C3	C2	B2	0	0	0
Transitory tachypnea of newborn		1	0	0	0	0	0	0	A3	C2	C3	C3	A2	B3	B3	C3	C3	C3	0	0	0
Congenital rubella		0	0	0	0	0	0	0	B3	C3	B3	C3	C2	C3	C3	D3	C3	A3	0	0	0
Congenital cytomegalovirus infection		0	0	0	0	0	0	0	B3	C3	C3	C3	C2	C3	C3	D3	C3	C3	0	0	0
Congenital herpes simplex		0	0	0	0	0	0	0	B3	C3	C3	C3	C3	C3	C3	D3	C3	C3	0	0	0
Congenital toxoplasmosis		0	0	0	0	0	0	0	B3	C3	C3	C3	C3	C3	C3	D3	C3	A3	0	0	0
Tetanus neonatorum		1	0	0	0	0	0	0	A3	C3	C3	C3	B2	B3	B3	D3	D3	A3	0	0	0

	General Practitioner Tasks							Theoretical Clinical Educational Needs									Practical Educational Needs			
PEDIATRICS DISEASES	Diagnosis	Treatment	Referral	Follow up	Prevention	Screening	Patient Education	Definition	Epidemiology	Etiology	Pathophysiology	Clinical manifes.	Paraclinic	Diagnostic app.	Therapeutic app.	Complication	Prevention	Observation	Collaboration	Independent
Omphalitis of the newborn	1	1	3	2	1	1	1	A2	B3	B2	C3	A2	B3	B3	A2	B3	B3	1	1	0
Neonatal conjunctivits and dacryocystitis	1	1	3	1	1	0	1	A2	B2	A2	C2	A2	A3	B3	A3	A2	A2	1	1	1
Neonatal candida infection	0	0	0	0	0	0	0	B3	C3	C3	C3	C3	C3	C3	D2	D3	B2	0	0	0
Septicemia of newborn	1	0	0	0	0	0	0	A2	B3	A2	B3	A2	A2	A2	C2	A2	C2	1	1	0
Hemolytic disease of fetus or newborn, due to isoimmunization	2	0	0	0	1	0	1	A3	B3	B3	B3	A3	A3	A2	C2	B3	B2	1	1	0
Hypocalcemia and hypomagnesemia of newborn	2	1	3	2	0	0	1	A2	B3	A3	C3	A2	A2	B3	A3	B3	C3	0	0	0
Neonatal hypoglycemia	2	1	3	2	0	0	1	A2	C3	A2	C3	A2	A2	A2	A3	B3	B3	0	0	0
Transient neonatal thrombocytopenia	0	0	0	0	0	0	0	B3	C3	C3	C3	C3	C3	C3	D3	C3	C3	0	0	0
Disseminated intravascular coagulation in newborn	1	0	0	0	0	0	0	B2	D4	C3	D4	B2	B2	B3	C2	D4	D4	0	0	0
Anemia of prematurity	2	1	3	2	0	0	1	A2	C3	B2	C3	A2	B2	B3	B3	B3	C3	0	0	0
Necrotizing enterocolitis in newborn	2	0	0	0	0	0	0	B2	C3	C3	C2	B2	B2	B2	C2	B2	C3	0	0	0
Congenital hydrocele	1	0	0	0	0	0	0	B2	D4	D4	D4	B2	B3	B4	D4	D4	D4	0	0	0

		General Practitioner Tasks							Theoretical Clinical Educational Needs									Practical Educational Needs			
PEDIATRICS	DISEASES	Diagnosis	Treatment	Referral	Follow up	Prevention	Screening	Patient Education	Definition	Epidemiology	Etiology	Pathophysiology	Clinical manifes.	Paraclinic	Diagnostic app.	Therapeutic app.	Complication	Prevention	Observation	Collaboration	Independent
		1	1	3	1	0	0	1	B3	D4	D4	D4	B3	B4	B4	B3	D4	D4	0	0	0
Urticaria neonatorum																					
Child sexual abuse		2	1	3	2	1	1	1	A3	C3	B3	D3	A3	B3	A3	B3	B3	B3	0	0	0

Viral gastroenteritis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Advanced conclusive treatment is a GP's task.
Referral	The patient must be referred after primary or conclusive treatment, if complications occur.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Nice to know</i>
Prevention	<i>Level two</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	2
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	0

Primary tuberculous infection

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be followed in his/her home for direct supervision on medication.
Prevention	Prevention is a GP's task by vaccination.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Better to know</i>
Clinical manifestation	<i>Level one</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level one</i>	<i>Must know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level two</i>	<i>Must know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	0

Diphtheria

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after stabilization.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is a GP's task by vaccination.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Must know</i>
Prevention	<i>Level two</i>	<i>Must know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Whooping cough

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is a GP's task by vaccination.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level two</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level one</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level two</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Scarlet fever

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Advanced conclusive treatment is a GP's task.
Referral	The patient must be referred after primary or conclusive treatment, if complications occur.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level two</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	1

Septicemia

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after stabilization.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level two</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level two</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	1

Acute poliomyelitis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is a GP's task by vaccination.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level two</i>	<i>Must know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Viral meningitis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to Know</i>
Epidemiology	<i>Level two</i>	<i>Nice to know</i>
Etiology	<i>Level two</i>	<i>Nice to know</i>
Pathophysiology	<i>Level two</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Chickenpox

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Advanced conclusive treatment is a GP's task.
Referral	The patient must be referred after primary or conclusive treatment, if complications occur.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level two</i>	<i>Must know</i>
Prevention	<i>Level two</i>	<i>Must know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	2
Minimum required disease management under supervision of senior physician	2
Minimum required independent disease management:	2

Measles

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Advanced conclusive treatment is a GP's task.
Referral	The patient must be referred after primary or conclusive treatment, if complications occur.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is a GP's task by vaccination.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level two</i>	<i>Must know</i>
Prevention	<i>Level two</i>	<i>Must know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Rubella

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Advanced conclusive treatment is a GP's task.
Referral	The patient must be referred after primary or conclusive treatment, if complications occur.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is a GP's task by vaccination.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level two</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Erythema infectiosum (fifth disease)

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Advanced conclusive treatment is a GP's task.
Referral	The patient must be referred after primary or conclusive treatment, if complications occur.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Must know</i>
Therapeutic approach	<i>Level three</i>	<i>Must know</i>
Complication-Prognosis	<i>Level three</i>	<i>Better to know</i>
Prevention	<i>Level three</i>	<i>Must know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Exanthema subitum (sixth disease)

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Advanced conclusive treatment is a GP's task.
Referral	The patient must be referred after primary or conclusive treatment, if complications occur.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Must know</i>
Complication-Prognosis	<i>Level three</i>	<i>Better to know</i>
Prevention	<i>Level three</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Fourth disease

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Advanced conclusive treatment is a GP's task.
Referral	The patient must be referred after primary or conclusive treatment, if complications occur.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Mumps

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Advanced conclusive treatment is a GP's task.
Referral	The patient must be referred after primary or conclusive treatment, if complications occur.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is a GP's task by vaccination.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level two</i>	<i>Must know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	0

Pharyngoconjunctival fever

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Advanced conclusive treatment is a GP's task.
Referral	The patient must be referred after primary or conclusive treatment, if complications occur.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to Know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	2
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	1

Molluscum contagiosum

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary or conclusive treatment, if complications occur.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>must know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level three</i>	<i>Better to know</i>
Prevention	<i>Level three</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	0

Sleep terror disorder

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Nice to know</i>
Etiology	<i>Level two</i>	<i>Nice to know</i>
Pathophysiology	<i>Level two</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level two</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Mental retardation

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on diagnosis.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Nice to know</i>
Etiology	<i>Level two</i>	<i>Nice to know</i>
Pathophysiology	<i>Level two</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	0

Pervasive developmental disorders

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Attention-defecit/hyperactivity disorder

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Nice to know</i>
Etiology	<i>Level two</i>	<i>Nice to know</i>
Pathophysiology	<i>Level two</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level one</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level three</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Oppositional defiant disorder

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on diagnosis.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level two</i>	<i>Nice to know</i>
Etiology	<i>Level two</i>	<i>Nice to know</i>
Pathophysiology	<i>Level two</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level one</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Enuresis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is necessary by educational pamphlets or booklets.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Must know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Better to know</i>
Clinical manifestation	<i>Level one</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level one</i>	<i>Better to know</i>
Therapeutic approach	<i>Level one</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level one</i>	<i>Better to know</i>
Prevention	<i>Level two</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	1

Thrush (oral)

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Advanced conclusive treatment is a GP's task.
Referral	The patient must be referred after primary or conclusive treatment, if complications occur.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level three</i>	<i>Better to know</i>
Prevention	<i>Level three</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	2
Minimum required disease management under supervision of senior physician	2
Minimum required independent disease management:	1

Enterobiasis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Advanced conclusive treatment is a GP's task.
Referral	The patient must be referred after primary or conclusive treatment, if complications occur.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level three</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Burkitt's lymphoma

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level four</i>	<i>No need to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Acute lymphoid leukemia

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Acute myeloid leukemia

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>No need to know</i>
Etiology	<i>Level four</i>	<i>No need to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level four</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level four</i>	<i>No need to know</i>
Prevention	<i>Level three</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Kwashiorkor

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening high risk people visited at office is a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level two</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level two</i>	<i>Must know</i>
Prevention	<i>Level two</i>	<i>Must know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Nutritional marasmus

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening high risk people visited at office is a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level two</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level two</i>	<i>Must know</i>
Prevention	<i>Level two</i>	<i>Must know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Ariboflavinosis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Ascorbic acid deficiency

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Rickets

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Advanced conclusive treatment is a GP's task.
Referral	The patient must be referred after primary or conclusive treatment, if complications occur.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening high risk people visited at office is a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level two</i>	<i>Must know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	2
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	1

Disturbances of amino-acid transport

GP's Tasks in IRAN

Diagnosis	Diagnosis is not a GP's task.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Nice to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level three</i>	<i>No need to know</i>
Pathophysiology	<i>Level three</i>	<i>No need to know</i>
Clinical manifestation	<i>Level three</i>	<i>Nice to know</i>
Paraclinic	<i>Level three</i>	<i>No need to know</i>
Diagnostic approach	<i>Level three</i>	<i>No need to know</i>
Therapeutic approach	<i>Level three</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level three</i>	<i>No need to know</i>
Prevention	<i>Level three</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Phenylketonuria (pku)

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on diagnosis.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	The GP's task is to screen for high-risk groups in his/her undercover population.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Albinism

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level four</i>	<i>No need to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Nice to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Maple syrup urine disease

GP's Tasks in IRAN

Diagnosis	Diagnosis is not a GP's task.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Nice to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level four</i>	<i>No need to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level three</i>	<i>Nice to know</i>
Paraclinic	<i>Level four</i>	<i>No need to know</i>
Diagnostic approach	<i>Level four</i>	<i>No need to know</i>
Therapeutic approach	<i>Level four</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level four</i>	<i>No need to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Glycogenosis

GP's Tasks in IRAN

Diagnosis	Diagnosis is not a GP's task.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Nice to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level four</i>	<i>No need to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level two</i>	<i>Nice to know</i>
Paraclinic	<i>Level four</i>	<i>No need to know</i>
Diagnostic approach	<i>Level four</i>	<i>No need to know</i>
Therapeutic approach	<i>Level four</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level four</i>	<i>No need to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Glucose-6-phosphatase deficiency

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is necessary by educational pamphlets or booklets.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level two</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Better to know</i>
Prevention	<i>Level two</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Galactosemia

GP's Tasks in IRAN

Diagnosis	Diagnosis is not a GP's task.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Nice to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level four</i>	<i>No need to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level three</i>	<i>Nice to know</i>
Paraclinic	<i>Level four</i>	<i>Nice to know</i>
Diagnostic approach	<i>Level four</i>	<i>Nice to know</i>
Therapeutic approach	<i>Level four</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level four</i>	<i>No need to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Lactase deficiency

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level two</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	0

Renal glycosuria

GP's Tasks in IRAN

Diagnosis	Diagnosis is not a GP's task.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Nice to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level four</i>	<i>No need to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level three</i>	<i>Nice to know</i>
Paraclinic	<i>Level three</i>	<i>Nice to know</i>
Diagnostic approach	<i>Level four</i>	<i>No need to know</i>
Therapeutic approach	<i>Level four</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level four</i>	<i>No need to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Gaucher's disease

GP's Tasks in IRAN

Diagnosis	Diagnosis is not a GP's task.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Nice to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level four</i>	<i>No need to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level three</i>	<i>Nice to know</i>
Paraclinic	<i>Level four</i>	<i>No need to know</i>
Diagnostic approach	<i>Level four</i>	<i>No need to know</i>
Therapeutic approach	<i>Level four</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level four</i>	<i>No need to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Disorders of phosphorus metabolism

GP's Tasks in IRAN

Diagnosis	Diagnosis is not a GP's task.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Nice to know</i>
Epidemiology	<i>Level three</i>	<i>No need to know</i>
Etiology	<i>Level three</i>	<i>No need to know</i>
Pathophysiology	<i>Level three</i>	<i>Must know</i>
Clinical manifestation	<i>Level three</i>	<i>Nice to know</i>
Paraclinic	<i>Level three</i>	<i>Nice to know</i>
Diagnostic approach	<i>Level four</i>	<i>No need to know</i>
Therapeutic approach	<i>Level four</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Cystic fibrosis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to Know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Better to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Congenital hyperbilirubinemia

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level two</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level three</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Gilbert's Syndrome

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Must know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Better to know</i>
Prevention	<i>Level three</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Mucopolysaccharidosis

GP's Tasks in IRAN

Diagnosis	Diagnosis is not a GP's task.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Nice to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level four</i>	<i>No need to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level three</i>	<i>Nice to know</i>
Paraclinic	<i>Level three</i>	<i>Nice to know</i>
Diagnostic approach	<i>Level four</i>	<i>No need to know</i>
Therapeutic approach	<i>Level four</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level four</i>	<i>No need to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Selective IgA immunodeficiency

GP's Tasks in IRAN

Diagnosis	Diagnosis is not a GP's task.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Nice to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level four</i>	<i>No need to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level three</i>	<i>Nice to know</i>
Paraclinic	<i>Level three</i>	<i>Nice to know</i>
Diagnostic approach	<i>Level three</i>	<i>Nice to know</i>
Therapeutic approach	<i>Level four</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level four</i>	<i>No need to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Selective IgM immunodeficiency

GP's Tasks in IRAN

Diagnosis	Diagnosis is not a GP's task.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Nice to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level four</i>	<i>No need to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level three</i>	<i>Nice to know</i>
Paraclinic	<i>Level three</i>	<i>Nice to know</i>
Diagnostic approach	<i>Level three</i>	<i>Nice to know</i>
Therapeutic approach	<i>Level three</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level three</i>	<i>No need to know</i>
Prevention	<i>Level three</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Selective deficiency of IgG

GP's Tasks in IRAN

Diagnosis	Diagnosis is not a GP's task.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Nice to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level four</i>	<i>No need to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level three</i>	<i>Nice to know</i>
Paraclinic	<i>Level three</i>	<i>Nice to know</i>
Diagnostic approach	<i>Level three</i>	<i>Nice to know</i>
Therapeutic approach	<i>Level three</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level four</i>	<i>No need to know</i>
Prevention	<i>Level three</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Congenital hypogammaglobulinemia

GP's Tasks in IRAN

Diagnosis	Diagnosis is not a GP's task.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Nice to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level four</i>	<i>No need to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level three</i>	<i>Nice to know</i>
Paraclinic	<i>Level three</i>	<i>Nice to know</i>
Diagnostic approach	<i>Level three</i>	<i>Nice to know</i>
Therapeutic approach	<i>Level three</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level four</i>	<i>No need to know</i>
Prevention	<i>Level three</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Wiskott-aldrich syndrome

GP's Tasks in IRAN

Diagnosis	Diagnosis is not a GP's task.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Nice to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level four</i>	<i>No need to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level three</i>	<i>Nice to know</i>
Paraclinic	<i>Level four</i>	<i>No need to know</i>
Diagnostic approach	<i>Level four</i>	<i>No need to know</i>
Therapeutic approach	<i>Level four</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level four</i>	<i>No need to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Combined immunity deficiency

GP's Tasks in IRAN

Diagnosis	Diagnosis is not a GP's task.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Nice to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level four</i>	<i>No need to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level three</i>	<i>Nice to know</i>
Paraclinic	<i>Level three</i>	<i>Nice to know</i>
Diagnostic approach	<i>Level four</i>	<i>No need to know</i>
Therapeutic approach	<i>Level four</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level four</i>	<i>No need to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Sickle-cell anemia

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Better to know</i>
Prevention	<i>Level three</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Hemolytic-uremic syndrome

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level two</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Congenital factor VIII disorder

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Must know</i>
Diagnostic approach	<i>Level three</i>	<i>Must know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Must know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Congenital factor IX disorder

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Henoch-schonlein purpura

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level four</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level four</i>	<i>Nice to know</i>
Prevention	<i>Level four</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Bacterial meningitis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after stabilization.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Must know</i>
Pathophysiology	<i>Level three</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level two</i>	<i>Must know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	0

Reye's syndrome

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Better to know</i>
Prevention	<i>Level three</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Infantile cerebral palsy

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Infantile spasms

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>No need to know</i>
Etiology	<i>Level three</i>	<i>No need to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level four</i>	<i>No need to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Guillain-barre syndrome

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level two</i>	<i>Nice to know</i>
Etiology	<i>Level two</i>	<i>Nice to know</i>
Pathophysiology	<i>Level two</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Muscular dystrophies

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>No need to know</i>
Etiology	<i>Level three</i>	<i>No need to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level four</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Amblyopia

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening high risk people visited at office is a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Must know</i>
Pathophysiology	<i>Level three</i>	<i>No need to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>No need to know</i>
Prevention	<i>Level three</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	1

Acute nasopharyngitis (common cold)

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Advanced conclusive treatment is a GP's task.
Referral	The patient must be referred after primary or conclusive treatment, if complications occur.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Must know</i>
Pathophysiology	<i>Level three</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level three</i>	<i>Must know</i>
Prevention	<i>Level three</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	2
Minimum required disease management under supervision of senior physician	2
Minimum required independent disease management:	4

Streptococcal pharyngitis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Advanced conclusive treatment is a GP's task.
Referral	The patient must be referred after primary or conclusive treatment, if complications occur.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Must know</i>
Pathophysiology	<i>Level two</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level one</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level one</i>	<i>Must know</i>
Complication-Prognosis	<i>Level two</i>	<i>Must know</i>
Prevention	<i>Level two</i>	<i>Must know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	2
Minimum required disease management under supervision of senior physician	3
Minimum required independent disease management:	1

Acute sinusitis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Must know</i>
Pathophysiology	<i>Level three</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level two</i>	<i>Must know</i>
Prevention	<i>Level three</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	2

Infectious mononucleosis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Advanced conclusive treatment is a GP's task.
Referral	The patient must be referred after primary or conclusive treatment, if complications occur.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Must know</i>
Prevention	<i>Level three</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Croup

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level two</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level two</i>	<i>Must know</i>
Prevention	<i>Level two</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	2
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	1

Acute bronchitis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Advanced conclusive treatment is a GP's task.
Referral	The patient must be referred after primary or conclusive treatment, if complications occur.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level three</i>	<i>Better to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	1

Chronic tonsillitis and adenoiditis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Must know</i>
Diagnostic approach	<i>Level three</i>	<i>Must know</i>
Therapeutic approach	<i>Level three</i>	<i>Must know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level two</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	2
Minimum required disease management under supervision of senior physician	2
Minimum required independent disease management:	4

Allergic rhinitis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Must know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Must know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	2

Viral pneumonia

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Advanced conclusive treatment is a GP's task.
Referral	The patient must be referred after primary or conclusive treatment, if complications occur.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Must know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Must know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level three</i>	<i>Must know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	2

Influenza

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level three</i>	<i>Must know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	0

Asthma

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is necessary by educational pamphlets or booklets.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Must know</i>
Pathophysiology	<i>Level three</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level two</i>	<i>Must know</i>
Prevention	<i>Level three</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	3
Minimum required disease management under supervision of senior physician	2
Minimum required independent disease management:	2

Gastroesophageal reflux

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is necessary by educational pamphlets or booklets.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Must know</i>
Pathophysiology	<i>Level two</i>	<i>Better to know</i>
Clinical manifestation	<i>Level one</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level two</i>	<i>Must know</i>
Prevention	<i>Level two</i>	<i>Must know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	1

Gastric ulcer

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level two</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level two</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	1

Umbilical hernia

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on diagnosis.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level four</i>	<i>No need to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level four</i>	<i>Better to know</i>
Diagnostic approach	<i>Level four</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Better to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Intussusception

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level two</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Better to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Rhesus isoimmunization

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on diagnosis.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening high risk people visited at office is a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Must know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Better to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Diaper rash

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Advanced conclusive treatment is a GP's task.
Referral	The patient must be referred after primary or conclusive treatment, if complications occur.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening high risk people visited at office is a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level two</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level two</i>	<i>Must know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	2
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	1

Dermatitis exfoliativa neonatorum

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Nice to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level four</i>	<i>No need to know</i>
Pathophysiology	<i>Level three</i>	<i>No need to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level four</i>	<i>Nice to know</i>
Diagnostic approach	<i>Level four</i>	<i>Better to know</i>
Therapeutic approach	<i>Level four</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level four</i>	<i>No need to know</i>
Prevention	<i>Level three</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Juvenile chronic polyarthritis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on diagnosis.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Nice to know</i>
Pathophysiology	<i>Level two</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Transient synovitis of hip

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Must know</i>
Diagnostic approach	<i>Level three</i>	<i>Must know</i>
Therapeutic approach	<i>Level three</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Better to know</i>
Prevention	<i>Level three</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Microcephalus

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level two</i>	<i>Nice to know</i>
Etiology	<i>Level two</i>	<i>Nice to know</i>
Pathophysiology	<i>Level two</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level three</i>	<i>No need to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Congenital hydrocephalus

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level two</i>	<i>Nice to know</i>
Etiology	<i>Level two</i>	<i>Nice to know</i>
Pathophysiology	<i>Level two</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Congenital anomalies of ear, face, and neck

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level four</i>	<i>No need to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level four</i>	<i>Better to know</i>
Diagnostic approach	<i>Level four</i>	<i>Better to know</i>
Therapeutic approach	<i>Level four</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level four</i>	<i>No need to know</i>
Prevention	<i>Level three</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Tetralogy of fallot

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Ventricular septal defect

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Atrial septal defect

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Cleft palate and cleft lip

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on diagnosis.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Must know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level four</i>	<i>No need to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level four</i>	<i>Better to know</i>
Therapeutic approach	<i>Level four</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level four</i>	<i>No need to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Atresia of esophagus

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level four</i>	<i>No need to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level four</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Better to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Congenital esophageal ring

GP's Tasks in IRAN

Diagnosis	Diagnosis is not a GP's task.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Nice to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level four</i>	<i>No need to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level three</i>	<i>Nice to know</i>
Paraclinic	<i>Level four</i>	<i>No need to know</i>
Diagnostic approach	<i>Level four</i>	<i>No need to know</i>
Therapeutic approach	<i>Level four</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level four</i>	<i>No need to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Congenital hiatus hernia

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Better to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Imperforate anus

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on diagnosis.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Nice to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Better to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Hirschsprung's disease

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Better to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Anomalies of pancreas

GP's Tasks in IRAN

Diagnosis	Diagnosis is not a GP's task.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Nice to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level four</i>	<i>No need to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level three</i>	<i>Nice to know</i>
Paraclinic	<i>Level three</i>	<i>Nice to know</i>
Diagnostic approach	<i>Level three</i>	<i>Nice to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level four</i>	<i>No need to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Undescended testis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>No need to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	0

Retractile testis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Must know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Better to know</i>
Clinical manifestation	<i>Level three</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Better to know</i>
Prevention	<i>Level three</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	0

Hypospadias

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on diagnosis.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level four</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Nice to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Better to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Epispadias

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on diagnosis.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level four</i>	<i>No need to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Nice to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Better to know</i>
Prevention	<i>Level three</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Indeterminate sex and pseudohermaphroditism

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Congenital dislocation of hip

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	The GP's task is to screen for high-risk groups in his/her undercover population.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Must know</i>
Diagnostic approach	<i>Level three</i>	<i>Must know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Better to know</i>
Prevention	<i>Level three</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	1

Polydactyly

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on diagnosis.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Must know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level four</i>	<i>No need to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level four</i>	<i>No need to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Syndactyly

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on diagnosis.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Nice to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>No need to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Nice to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level four</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level four</i>	<i>No need to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Anomalies of skull and face bones

GP's Tasks in IRAN

Diagnosis	Diagnosis is not a GP's task.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Nice to know</i>
Epidemiology	<i>Level three</i>	<i>No need to know</i>
Etiology	<i>Level three</i>	<i>No need to know</i>
Pathophysiology	<i>Level three</i>	<i>No need to know</i>
Clinical manifestation	<i>Level three</i>	<i>Nice to know</i>
Paraclinic	<i>Level four</i>	<i>No need to know</i>
Diagnostic approach	<i>Level four</i>	<i>No need to know</i>
Therapeutic approach	<i>Level four</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level four</i>	<i>No need to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Congenital diaphragmatic hernia

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>No need to know</i>
Pathophysiology	<i>Level three</i>	<i>No need to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level four</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Down's syndrome

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level two</i>	<i>Must know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Klinefelter's syndrome

GP's Tasks in IRAN

Diagnosis	Diagnosis is not a GP's task.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Nice to know</i>
Epidemiology	<i>Level three</i>	<i>No need to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>No need to know</i>
Clinical manifestation	<i>Level three</i>	<i>No need to know</i>
Paraclinic	<i>Level three</i>	<i>No need to know</i>
Diagnostic approach	<i>Level three</i>	<i>No need to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level four</i>	<i>No need to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Birth trauma

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on diagnosis.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level two</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Neonatal respiratory distress syndrome

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Must know</i>
Pathophysiology	<i>Level two</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Must know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level two</i>	<i>Must know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Meconium aspiration syndrome

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level two</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Nice to know</i>
Prevention	<i>Level two</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Transitory tachypnea of newborn

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Congenital rubella

GP's Tasks in IRAN

Diagnosis	Diagnosis is not a GP's task.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Nice to know</i>
Paraclinic	<i>Level three</i>	<i>Nice to know</i>
Diagnostic approach	<i>Level three</i>	<i>Nice to know</i>
Therapeutic approach	<i>Level three</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Must know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Congenital cytomegalovirus infection

GP's Tasks in IRAN

Diagnosis	Diagnosis is not a GP's task.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Nice to know</i>
Paraclinic	<i>Level three</i>	<i>Nice to know</i>
Diagnostic approach	<i>Level three</i>	<i>Nice to know</i>
Therapeutic approach	<i>Level three</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Congenital herpes simplex

GP's Tasks in IRAN

Diagnosis	Diagnosis is not a GP's task.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Nice to know</i>
Paraclinic	<i>Level three</i>	<i>Nice to know</i>
Diagnostic approach	<i>Level three</i>	<i>Nice to know</i>
Therapeutic approach	<i>Level three</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Congenital toxoplasmosis

GP's Tasks in IRAN

Diagnosis	Diagnosis is not a GP's task.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Nice to know</i>
Paraclinic	<i>Level three</i>	<i>Nice to know</i>
Diagnostic approach	<i>Level three</i>	<i>Nice to know</i>
Therapeutic approach	<i>Level three</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Must know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Tetanus neonatorum

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level three</i>	<i>No need to know</i>
Prevention	<i>Level three</i>	<i>Must know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Omphalitis of the newborn

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening high risk people visited at office is a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level three</i>	<i>Better to know</i>
Prevention	<i>Level three</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	0

Neonatal conjunctivitis and dacryocystitis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Must know</i>
Pathophysiology	<i>Level two</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Must know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Must know</i>
Complication-Prognosis	<i>Level two</i>	<i>Must know</i>
Prevention	<i>Level two</i>	<i>Must know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	1

Neonatal candida infection

GP's Tasks in IRAN

Diagnosis	Diagnosis is not a GP's task.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Nice to know</i>
Paraclinic	<i>Level three</i>	<i>Nice to know</i>
Diagnostic approach	<i>Level three</i>	<i>Nice to know</i>
Therapeutic approach	<i>Level two</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level three</i>	<i>No need to know</i>
Prevention	<i>Level two</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Septicemia of newborn

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Must know</i>
Pathophysiology	<i>Level three</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Must know</i>
Prevention	<i>Level two</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	0

Hemolytic disease of fetus or newborn, due to isoimmunization

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Better to know</i>
Clinical manifestation	<i>Level three</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Better to know</i>
Prevention	<i>Level two</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	0

Hypocalcemia and hypomagnesemia of newborn

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Must know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Must know</i>
Complication-Prognosis	<i>Level three</i>	<i>Better to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Neonatal hypoglycemia

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level two</i>	<i>Must know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level three</i>	<i>Must know</i>
Complication-Prognosis	<i>Level three</i>	<i>Better to know</i>
Prevention	<i>Level three</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Transient neonatal thrombocytopenia

GP's Tasks in IRAN

Diagnosis	Diagnosis is not a GP's task.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Nice to know</i>
Paraclinic	<i>Level three</i>	<i>Nice to know</i>
Diagnostic approach	<i>Level three</i>	<i>Nice to know</i>
Therapeutic approach	<i>Level three</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Disseminated intravascular coagulation in newborn

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level four</i>	<i>No need to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Anemia of prematurity

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Better to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Necrotizing enterocolitis in newborn

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level two</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Congenital hydrocele

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level four</i>	<i>No need to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level four</i>	<i>Better to know</i>
Therapeutic approach	<i>Level four</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level four</i>	<i>No need to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Urticaria neonatorum

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level four</i>	<i>No need to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level four</i>	<i>Better to know</i>
Diagnostic approach	<i>Level four</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level four</i>	<i>No need to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Child sexual abuse

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening high risk people visited at office is a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>No need to know</i>
Clinical manifestation	<i>Level three</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Must know</i>
Therapeutic approach	<i>Level three</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Better to know</i>
Prevention	<i>Level three</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

PSYCHIATRY

	General Practitioner Tasks							Theoretical Clinical Educational Needs									Practical Educational Needs			
PSYCHIATRY	Diagnosis	Treatment	Referral	Follow up	Prevention	Screening	Patient Education	Definition	Epidemiology	Etiology	Pathophysiology	Clinical manifes.	Paraclinic	Diagnostic app.	Therapeutic app.	Complication	Prevention	Observation	Collaboration	Independent
DISEASES																				
Dementia	1	1	3	2	0	1	1	A2	B2	B2	B3	A2	B3	B3	B3	B3	A2	1	1	1
Schizophrenia	1	0	1	2	0	0	1	A2	A2	B2	B2	A2	B2	A2	C3	A2	C2	1	1	1
Schizophreniform disorder	1	0	1	2	0	0	1	A3	C3	C3	C3	B3	B3	B3	C3	C3	D4	0	0	0
Schizoaffective disorder	1	0	1	2	0	0	1	A3	C3	C3	C3	B3	B3	B3	C3	C3	D4	1	1	0
Delusional disorder	1	0	1	2	0	0	1	A3	C3	C3	C3	B3	B3	B3	C3	C3	D4	0	0	0
Brief psychotic disorder	1	1	2	2	0	0	1	A3	C3	C3	C3	B3	B3	B3	B3	C3	B3	0	0	0
Major depressive disorder	1	1	3	2	0	1	1	A2	A2	A2	B2	A2	B2	A2	A2	A2	B2	2	2	4
Dysthymic disorder	1	2	4	1	0	0	1	A2	C3	C3	C3	A3	B3	B3	A3	C3	C4	1	1	1
Bipolar disorder	1	0	1	2	0	0	1	A3	C3	C3	C3	B2	B3	B3	C3	C3	D4	1	1	1
Cyclothymic disorder	1	1	3	1	0	0	1	A3	C3	C3	C3	B2	B3	B3	B3	C3	D4	1	1	0
Panic disorder	2	1	3	2	0	0	1	A2	A2	B2	C2	A2	A2	A2	A2	B2	C2	2	1	1
Agoraphobia	1	0	1	0	0	0	0	A2	B3	C3	C3	A2	B3	B3	C3	C3	D3	1	0	0

	General Practitioner Tasks							Theoretical Clinical Educational Needs									Practical Educational Needs			
PSYCHIATRY DISEASES	Diagnosis	Treatment	Referral	Follow up	Prevention	Screening	Patient Education	Definition	Epidemiology	Etiology	Pathophysiology	Clinical manifes.	Paraclinic	Diagnostic app.	Therapeutic app.	Complication	Prevention	Observation	Collaboration	Independent
Social phobia	1	0	1	0	0	0	0	A2	B3	C3	C3	A2	B3	B3	C3	C3	D3	1	0	0
Specific phobia	1	0	1	0	0	0	0	A2	B3	C3	C3	A2	B3	B3	C3	C3	D3	1	0	0
Generalized anxiety disorder	1	2	4	2	0	1	1	A2	B2	C2	C2	A2	B2	B2	A2	C2	D4	2	2	3
Obsessive-compulsive disorder	1	1	3	2	0	0	1	A2	B2	B2	C2	A2	B2	B2	A2	B2	D3	1	1	0
Acute stress disorder	1	2	4	1	0	0	1	A2	A2	B2	C2	A2	B3	B2	B2	C3	D4	1	1	0
Post traumatic stress disorder	1	0	1	0	0	0	0	A3	A3	B3	C3	A3	B3	A3	C3	B3	A3	1	1	0
Somatization disorder	2	1	3	1	0	0	1	A2	B2	C2	C2	A2	B3	B2	A2	B2	C2	2	2	1
Conversion disorder	2	1	3	1	0	0	1	A2	B2	B2	C2	A2	B3	B2	A2	B2	C2	1	1	1
Hypochondriasis	1	1	3	2	0	0	1	A2	C3	C3	D3	B2	B3	B2	B2	D3	D4	1	1	0
Factitious disorder	1	0	1	0	0	0	0	A2	B3	B3	C3	A2	B3	B2	C2	C3	D4	0	0	0
Dissociative amnesia	1	0	1	0	0	0	0	A2	C3	B2	C3	B2	B3	B2	D3	C3	C2	0	0	0
Hypoactive sexual desire disorders	1	0	1	0	0	0	0	A2	C3	B2	C3	B2	B3	B3	C3	C3	C3	0	0	0

	General Practitioner Tasks							Theoretical Clinical Educational Needs									Practical Educational Needs			
PSYCHIATRY	Diagnosis	Treatment	Referral	Follow up	Prevention	Screening	Patient Education	Definition	Epidemiology	Etiology	Pathophysiology	Clinical manifes.	Paraclinic	Diagnostic app.	Therapeutic app.	Complication	Prevention	Observation	Collaboration	Independent
DISEASES																				
Female sexual arousal & male erectile disorder	1	0	1	0	0	0	0	A2	B2	B2	C2	A2	B3	B2	C2	C2	C2	2	1	0
Female and male orgasmic disorder	1	0	1	0	0	0	0	A2	B2	B2	C2	B2	B3	B2	C2	C2	C2	0	0	0
Premature ejaculation	1	1	3	2	0	0	2	A2	B2	C2	C3	A2	B3	B2	B2	C3	C3	1	1	0
Dyspareunia	1	0	1	0	0	0	0	A2	C2	B2	C2	A2	B2	B2	C2	C2	C2	0	0	0
Vaginismus	1	0	1	0	0	0	0	A2	B3	B2	C2	B2	B2	B2	C2	C2	B2	0	0	0
Exhibitionism	1	0	1	0	0	0	0	A2	B3	C3	D4	B2	B3	B2	C3	C3	D4	0	0	0
Pedophilia	1	0	1	0	0	0	0	A2	B2	C3	C3	B2	B3	B3	C3	B2	D4	0	0	0
Gender identity disorder	1	0	1	0	0	0	0	A2	C3	C3	C3	B3	B3	B3	C3	C3	C3	0	0	0
Anorexia nervosa	1	0	1	0	0	0	0	A2	B2	C2	C2	A2	A2	A2	C2	A2	D4	0	0	0
Bulimia nervosa	1	0	1	0	0	0	0	A2	B3	C2	C2	A2	A2	A2	C2	A2	D4	0	0	0
Narcolepsy	1	0	0	0	0	0	0	A2	B3	C3	C3	B3	B3	B3	C3	C3	D4	0	0	0
Nightmare disorder	1	1	3	1	0	0	1	A2	C2	B2	C2	B2	B2	B2	B2	B2	D4	0	0	0

		General Practitioner Tasks						Theoretical Clinical Educational Needs										Practical Educational Needs			
PSYCHIATRY	DISEASES	Diagnosis	Treatment	Referral	Follow up	Prevention	Screening	Patient Education	Definition	Epidemiology	Etiology	Pathophysiology	Clinical manifes.	Paraclinic	Diagnostic app.	Therapeutic app.	Complication	Prevention	Observation	Collaboration	Independent
Sleep terror disorder		1	1	3	1	0	0	1	A2	C2	C2	C2	B2	B2	B2	B2	B2	D4	0	0	0
Impulse control disorders		1	0	1	0	0	0	0	B2	C2	C2	C2	B2	B2	B2	C2	C2	C3	0	0	0
Adjusment disorder		1	0	1	0	0	0	0	A2	B2	B2	C3	B2	B3	B2	C3	B2	B2	1	0	0
Personality disorder		1	0	1	0	0	0	0	A2	B3	C3	C3	B2	B3	B3	C4	C3	D4	1	1	0
Neuroleptic malignant syndrome		1	1	2	0	1	0	0	A2	B2	A2	C2	A2	A2	A2	A2	A2	A2	0	0	0
Medication induced postural tremor		1	1	3	2	1	0	1	A2	C2	A2	C3	A2	B2	B3	B3	B3	B2	1	0	0
Mental retardation		1	0	1	2	0	0	1	A2	B2	B2	C2	B2	B2	B2	C2	B2	B2	1	1	0
Stuttering		1	0	1	2	0	0	1	A2	B2	C2	C2	B2	B2	B2	C2	B2	C2	0	0	0
Pervasive developmental disorders		1	0	0	0	0	0	0	A2	C2	C2	C3	B2	B2	B2	C2	B2	B2	0	0	0
Attention-defecit/hyperactivity disorder		1	1	3	2	0	0	1	A2	B2	C3	C3	B2	B3	A2	A2	B2	D4	2	1	1
Conduct disorder		1	0	1	0	0	0	0	A2	C2	C3	C3	B2	B3	B3	C3	C3	D4	0	0	0
Oppositional defiant disorder		1	0	1	0	0	0	0	A2	C2	C3	C3	B2	B3	B2	C3	C3	D4	0	0	0

	General Practitioner Tasks							Theoretical Clinical Educational Needs									Practical Educational Needs			
PSYCHIATRY	Diagnosis	Treatment	Referral	Follow up	Prevention	Screening	Patient Education	Definition	Epidemiology	Etiology	Pathophysiology	Clinical manifes.	Paraclinic	Diagnostic app.	Therapeutic app.	Complication	Prevention	Observation	Collaboration	Independent
DISEASES																				
Pica	1	1	3	1	0	0	1	A2	C2	B2	C2	B2	B2	B2	B2	B2	B2	1	0	0
Vocal tic disorder	1	0	0	0	0	0	0	A2	B2	B2	C2	B2	B2	B2	C2	B2	D4	0	0	0
Tourette's disorder	1	0	0	0	0	0	0	A2	C2	C2	C3	A2	B3	B3	C2	B3	D4	0	0	0
Enuresis	1	1	3	2	0	0	3	A2	A2	B2	C2	A2	B2	B2	A2	B2	B2	2	1	1
Separation anxiety disorder	1	1	3	1	0	0	1	A2	C2	C2	C3	B2	B3	B2	B2	C2	C2	1	1	0
Opioid dependence or abuse	2	1	3	2	3	0	3	A2	A2	B2	B2	A2	A2	A2	A2	A2	B2	2	2	2
Cannabis dependence or abuse	1	1	3	2	3	0	1	A2	A2	C2	C2	A2	B3	B2	B2	B2	B2	1	1	0
Nicotine dependence	2	2	4	2	3	1	3	A2	A2	B2	A2	A2	B2	B2	A2	A2	A2	2	2	3
Alcohol dependence	1	1	3	2	3	1	1	A2	A2	A2	B2	A2	A2	A2	B2	A2	A2	1	1	1
Psychostimulant dependence or abuse	1	1	3	2	1	0	1	B2	B3	B3	C3	B2	B3	B2	B2	C3	C3	0	0	0
Hallucinogen dependence dependence of abuse	1	1	2	2	1	0	1	B2	B3	C3	C3	B2	B3	B2	B2	C3	C3	0	0	0
Alzheimer's disease	1	1	3	2	0	0	3	A2	B2	B2	C2	B2	B3	A2	A2	C2	C4	1	0	0

Dementia

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening high risk people visited at office is a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Better to know</i>
Prevention	<i>Level two</i>	<i>Must know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	1

Schizophrenia

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on diagnosis.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Must know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level two</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Must know</i>
Prevention	<i>Level two</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	1

Schizophreniform disorder

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on diagnosis.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Schizoaffective disorder

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on diagnosis.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	0

Delusional disorder

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on diagnosis.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Brief psychotic disorder

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after stabilization.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Major depressive disorder

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening high risk people visited at office is a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Must know</i>
Etiology	<i>Level two</i>	<i>Must know</i>
Pathophysiology	<i>Level two</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level two</i>	<i>Must know</i>
Prevention	<i>Level two</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	2
Minimum required disease management under supervision of senior physician	2
Minimum required independent disease management:	4

Dysthymic disorder

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Advanced conclusive treatment is a GP's task.
Referral	The patient must be referred after primary or conclusive treatment, if complications occur.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Must know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level four</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	1

Bipolar disorder

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on diagnosis.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	1

Cyclothymic disorder

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	0

Panic disorder

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Must know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level two</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level two</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	2
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	1

Agoraphobia

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on diagnosis.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Social phobia

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on diagnosis.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Specific phobia

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on diagnosis.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Generalized anxiety disorder

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Advanced conclusive treatment is a GP's task.
Referral	The patient must be referred after primary or conclusive treatment, if complications occur.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening high risk people visited at office is a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Nice to know</i>
Pathophysiology	<i>Level two</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level two</i>	<i>Nice to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	2
Minimum required disease management under supervision of senior physician	2
Minimum required independent disease management:	3

Obsessive-compulsive disorder

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level two</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level three</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	0

Acute stress disorder

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Advanced conclusive treatment is a GP's task.
Referral	The patient must be referred after primary or conclusive treatment, if complications occur.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Must know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level two</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	0

Post traumatic stress disorder

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on diagnosis.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Must know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Must know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Better to know</i>
Prevention	<i>Level three</i>	<i>Must know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	0

Somatization disorder

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Nice to know</i>
Pathophysiology	<i>Level two</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level two</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	2
Minimum required disease management under supervision of senior physician	2
Minimum required independent disease management:	1

Conversion disorder

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level two</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level two</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	1

Hypochondriasis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>No need to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level three</i>	<i>No need to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	0

Factitious disorder

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on diagnosis.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Dissociative amnesia

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on diagnosis.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level two</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Hypoactive sexual desire disorders

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on diagnosis.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Female sexual arousal & male erectile disorder

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on diagnosis.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level two</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Nice to know</i>
Prevention	<i>Level two</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	2
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	0

Female and male orgasmic disorder

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on diagnosis.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level two</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Nice to know</i>
Prevention	<i>Level two</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Premature ejaculation

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	In addition to general information, patient needs to learn a skill practically.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	0

Dyspareunia

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on diagnosis.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Nice to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level two</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Nice to know</i>
Prevention	<i>Level two</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Vaginismus

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on diagnosis.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level two</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Nice to know</i>
Prevention	<i>Level two</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Exhibitionism

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on diagnosis.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Pedophilia

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on diagnosis.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Gender identity disorder

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on diagnosis.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Anorexia nervosa

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on diagnosis.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Nice to know</i>
Pathophysiology	<i>Level two</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Must know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Bulimia nervosa

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on diagnosis.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Nice to know</i>
Pathophysiology	<i>Level two</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Must know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Narcolepsy

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Nightmare disorder

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Nice to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level two</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Sleep terror disorder

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Nice to know</i>
Etiology	<i>Level two</i>	<i>Nice to know</i>
Pathophysiology	<i>Level two</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Impulse control disorders

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on diagnosis.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level two</i>	<i>Nice to know</i>
Etiology	<i>Level two</i>	<i>Nice to know</i>
Pathophysiology	<i>Level two</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Adjustment disorder

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on diagnosis.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level two</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Personality disorder

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on diagnosis.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level four</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	0

Neuroleptic malignant syndrome

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after stabilization.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Must know</i>
Pathophysiology	<i>Level two</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level two</i>	<i>Must know</i>
Prevention	<i>Level two</i>	<i>Must know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Medication induced postural tremor

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Nice to know</i>
Etiology	<i>Level two</i>	<i>Must know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Better to know</i>
Prevention	<i>Level two</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Mental retardation

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on diagnosis.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level two</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level two</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	0

Stuttering

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on diagnosis.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Nice to know</i>
Pathophysiology	<i>Level two</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level two</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Pervasive developmental disorders

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Nice to know</i>
Etiology	<i>Level two</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level two</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Attention-defecit/hyperactivity disorder

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	2
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	1

Conduct disorder

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on diagnosis.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Oppositional defiant disorder

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on diagnosis.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Pica

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Nice to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level two</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level two</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Vocal tic disorder

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level two</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Tourette's disorder

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Nice to know</i>
Etiology	<i>Level two</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Better to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Enuresis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is necessary by educational pamphlets or booklets.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Must know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level two</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level two</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	2
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	1

Separation anxiety disorder

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Nice to know</i>
Etiology	<i>Level two</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Nice to know</i>
Prevention	<i>Level two</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	0

Opioid dependence or abuse

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is a GP's task by risk factor screening, avoidance and treatment.
Screening	Screening is not a GP's task.
Patient education	Patient education is necessary by educational pamphlets or booklets.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Must know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level two</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level two</i>	<i>Must know</i>
Prevention	<i>Level two</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	2
Minimum required disease management under supervision of senior physician	2
Minimum required independent disease management:	2

Cannabis dependence or abuse

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is a GP's task by risk factor screening, avoidance and treatment.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Must know</i>
Etiology	<i>Level two</i>	<i>Nice to know</i>
Pathophysiology	<i>Level two</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level two</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	0

Nicotine dependence

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Advanced conclusive treatment is a GP's task.
Referral	The patient must be referred after primary or conclusive treatment, if complications occur.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is a GP's task by risk factor screening, avoidance and treatment.
Screening	Screening high risk people visited at office is a GP's task.
Patient education	Patient education is necessary by educational pamphlets or booklets.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Must know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level two</i>	<i>Must know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level two</i>	<i>Must know</i>
Prevention	<i>Level two</i>	<i>Must know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	2
Minimum required disease management under supervision of senior physician	2
Minimum required independent disease management:	3

Alcohol dependence

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is a GP's task by risk factor screening, avoidance and treatment.
Screening	Screening high risk people visited at office is a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Must know</i>
Etiology	<i>Level two</i>	<i>Must know</i>
Pathophysiology	<i>Level two</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Must know</i>
Prevention	<i>Level two</i>	<i>Must know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	1

Psychostimulant dependence or abuse

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Hallucinogen dependence dependence of abuse

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after stabilization.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Alzheimer's disease

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is necessary by educational pamphlets or booklets.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level two</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level two</i>	<i>Nice to know</i>
Prevention	<i>Level four</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

PULMONARY DISEASE

	General Practitioner Tasks							Theoretical Clinical Educational Needs									Practical Educational Needs			
PULMONARY DISEASE	Diagnosis	Treatment	Referral	Follow up	Prevention	Screening	Patient Education	Definition	Epidemiology	Etiology	Pathophysiology	Clinical manifes.	Paraclinic	Diagnostic app.	Therapeutic app.	Complication	Prevention	Observation	Collaboration	Independent
DISEASES																				
Pulmonary tuberculosis	2	1	3	4	3	1	1	A2	B3	B3	B3	A2	A2	A2	A1	B3	A2	2	2	1
Sarcoidosis	2	0	0	0	0	0	0	B3	C3	C3	C3	B2	B2	B2	D3	D3	D3	0	0	0
Malignant neoplasm of pleura	2	0	0	0	1	0	0	B3	C3	C3	D3	B3	B3	B3	D3	D3	D3	0	0	0
Malignant neoplasm of lung	2	0	0	0	1	0	0	A2	C3	D3	D3	A2	A2	A2	D3	C3	A3	1	0	0
Benign neoplasm of bronchus and lung	2	0	0	0	0	0	0	B2	C3	D3	D3	B2	B2	B2	D4	C3	D4	0	0	0
Cystic fibrosis	1	0	0	2	0	0	1	B3	D4	D4	D4	B3	B3	B4	D4	C3	D4	0	0	0
Alpha 1-antitrypsin deficiency	0	0	0	0	0	0	0	B3	D4	D4	D4	C2	C2	C2	D3	D3	D3	0	0	0
Pulmonary embolism and infarction	2	0	0	0	1	0	0	A2	B3	B2	C2	A2	B2	B2	C2	B2	B2	1	1	0
Chronic pulmonary heart disease(cor pulmonale)	2	1	3	2	1	0	1	A2	B3	B3	B3	A2	A2	A2	B3	B3	B3	2	2	1
Goodpasture's syndrome	2	0	0	0	0	0	0	B3	D4	D4	D4	B3	B3	B4	D4	C3	D4	0	0	0
Acute bronchitis	1	2	4	1	1	0	1	A2	B3	B3	B3	A2	B2	A2	A2	A2	A2	1	1	1
Acute bronchiolitis	2	1	3	1	0	0	1	A2	B3	B3	B3	A2	A2	A2	B2	C2	C2	1	1	0

PULMONARY DISEASE DISEASES	General Practitioner Tasks							Theoretical Clinical Educational Needs									Practical Educational Needs			
	Diagnosis	Treatment	Referral	Follow up	Prevention	Screening	Patient Education	Definition	Epidemiology	Etiology	Pathophysiology	Clinical manifes.	Paraclinic	Diagnostic app.	Therapeutic app.	Complication	Prevention	Observation	Collaboration	Independent
Acute laryngotracheitis	1	1	3	1	0	0	1	A2	B2	B2	B2	A2	B2	A2	A2	A2	B2	1	1	0
Chronic laryngotracheitis	1	0	0	0	0	0	0	B2	C3	C3	C3	B2	B2	B2	C3	C3	C3	0	0	0
Viral pneumonia	2	2	4	1	0	0	1	A3	A3	B3	B3	A2	A2	A2	A2	A2	B2	1	1	1
Bacterial pneumonia	2	1	3	1	1	0	1	A3	A3	B3	B3	A3	A3	A3	A3	A3	A3	1	1	1
Chronic bronchitis	2	1	3	1	1	0	1	A3	B3	B3	B3	A2	A3	A3	A2	A3	A3	2	2	1
Emphysema	2	0	0	2	1	0	1	B3	C3	C3	C3	B3	B3	B3	C3	C3	C3	1	1	0
Asthma	1	1	3	2	1	0	3	A2	B2	B2	B2	A2	A2	A2	A2	A3	B2	2	2	2
Bronchiectasis	2	0	1	0	0	0	0	B3	C3	B3	C3	B2	B2	B3	C3	C3	C3	1	1	0
Extrinsic allergic alveolitis	2	1	3	1	1	0	1	B2	C3	C3	C3	B2	B2	B2	B2	C2	B3	0	0	0
Occoupatonal lung disease	2	0	0	2	1	0	1	B3	C3	C3	D4	B2	B2	B2	C2	C2	C2	1	1	0
Empyema	2	0	0	0	0	0	0	A3	C3	B3	C3	A3	A3	A3	C3	C3	B3	0	0	0
Pleurisy	2	0	1	0	0	0	0	A3	B3	B3	B3	A3	A3	A3	C3	B3	C3	1	1	0

	General Practitioner Tasks							Theoretical Clinical Educational Needs									Practical Educational Needs			
PULMONARY DISEASE	Diagnosis	Treatment	Referral	Follow up	Prevention	Screening	Patient Education	Definition	Epidemiology	Etiology	Pathophysiology	Clinical manifes.	Paraclinic	Diagnostic app.	Therapeutic app.	Complication	Prevention	Observation	Collaboration	Independent
DISEASES																				
Hemothorax	2	0	0	0	0	0	0	B2	C3	B2	D3	B2	B2	B2	C3	C3	C3	0	0	0
Pneumothorax	2	1	2	0	0	0	0	A3	B3	B3	C3	A2	A2	B2	B3	C3	B3	0	0	0
Abscess of lung	2	0	0	0	0	0	0	A2	C3	B3	C3	A2	A2	B3	C2	C2	C2	0	0	0
Abscess of mediastinum	0	0	0	0	0	0	0	B3	D4	D4	D4	C3	C3	C3	D4	C3	D4	0	0	0
Chronic Pulmonary edema	2	0	0	0	0	0	0	A3	C3	B2	C2	A3	A3	A3	C3	C3	B3	0	0	0
Atelectasis	2	1	3	1	1	0	1	A2	B3	B3	C3	A2	A2	A2	B3	B3	B3	0	0	0
Pulmonary eosinophilia	2	0	1	0	0	0	0	B3	D3	D3	D3	B3	C3	B3	D3	C3	D3	0	0	0
Adult respiratory distress syndrome	2	1	2	0	0	0	0	A3	B3	A2	B3	A2	A3	A3	A3	A3	B3	1	1	1
Allergic bronchopulmonary aspergillosis	0	0	0	0	0	0	0	C3	D4	D4	D4	C3	C3	D4	D4	D4	D4	0	0	0
Acute respiratory failure	2	1	2	0	0	0	0	A2	B3	B3	B3	A2	A2	A2	A2	A2	B3	1	0	0
Chronic respiratory failure	1	0	1	2	0	0	1	A2	B3	B3	B3	A2	A2	A2	C2	A2	B3	0	0	0
Broncholithiasis	2	0	0	0	0	0	0	C2	D4	D4	D4	B3	B3	B3	D3	D3	D3	0	0	0

PULMONARY DISEASE	General Practitioner Tasks							Theoretical Clinical Educational Needs										Practical Educational Needs		
	Diagnosis	Treatment	Referral	Follow up	Prevention	Screening	Patient Education	Definition	Epidemiology	Etiology	Pathophysiology	Clinical manifes.	Paraclinic	Diagnostic app.	Therapeutic app.	Complication	Prevention	Observation	Collaboration	Independent
<i>DISEASES</i>																				
Paralysis of diaphragm	2	0	0	0	0	0	0	B3	C3	C3	D4	B3	B3	B3	D4	C3	D4	0	0	0
Obstetrical pulmonary embolism	1	0	0	0	1	0	0	B3	C3	C3	C3	B3	B3	B3	C3	C3	B3	0	0	0
Foreign body in trachea, bronchus, and lung	2	1	2	0	0	0	0	A3	C3	B3	C3	A2	A2	A2	A2	A2	B3	0	0	0

Pulmonary tuberculosis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be followed in his/her home for direct supervision on medication.
Prevention	Prevention is a GP's task by risk factor screening, avoidance and treatment.
Screening	Screening high risk people visited at office is a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level one</i>	<i>Must know</i>
Complication-Prognosis	<i>Level three</i>	<i>Better to know</i>
Prevention	<i>Level two</i>	<i>Must know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	2
Minimum required disease management under supervision of senior physician	2
Minimum required independent disease management:	1

Sarcoidosis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level three</i>	<i>No need to know</i>
Prevention	<i>Level three</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Malignant neoplasm of pleura

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>No need to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level three</i>	<i>No need to know</i>
Prevention	<i>Level three</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Malignant neoplasm of lung

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>No need to know</i>
Pathophysiology	<i>Level three</i>	<i>No need to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level three</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Must know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Benign neoplasm of bronchus and lung

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>No need to know</i>
Pathophysiology	<i>Level three</i>	<i>No need to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level four</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Cystic fibrosis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level four</i>	<i>No need to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level four</i>	<i>Better to know</i>
Therapeutic approach	<i>Level four</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Alpha 1-antitrypsin deficiency

GP's Tasks in IRAN

Diagnosis	Diagnosis is not a GP's task.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level four</i>	<i>No need to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level two</i>	<i>Nice to know</i>
Paraclinic	<i>Level two</i>	<i>Nice to know</i>
Diagnostic approach	<i>Level two</i>	<i>Nice to know</i>
Therapeutic approach	<i>Level three</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level three</i>	<i>No need to know</i>
Prevention	<i>Level three</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Pulmonary embolism and infarction

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level two</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level two</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	0

Chronic pulmonary heart disease(cor pulmonale)

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level three</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Better to know</i>
Prevention	<i>Level three</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	2
Minimum required disease management under supervision of senior physician	2
Minimum required independent disease management:	1

Goodpasture's syndrome

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level four</i>	<i>No need to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level four</i>	<i>Better to know</i>
Therapeutic approach	<i>Level four</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Acute bronchitis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Advanced conclusive treatment is a GP's task.
Referral	The patient must be referred after primary or conclusive treatment, if complications occur.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level two</i>	<i>Must know</i>
Prevention	<i>Level two</i>	<i>Must know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	1

Acute bronchiolitis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Nice to know</i>
Prevention	<i>Level two</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	0

Acute laryngotracheitis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level two</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level two</i>	<i>Must know</i>
Prevention	<i>Level two</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	0

Chronic laryngotracheitis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Viral pneumonia

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Advanced conclusive treatment is a GP's task.
Referral	The patient must be referred after primary or conclusive treatment, if complications occur.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Must know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level two</i>	<i>Must know</i>
Prevention	<i>Level two</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	1

Bacterial pneumonia

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Must know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Better to know</i>
Clinical manifestation	<i>Level three</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Must know</i>
Diagnostic approach	<i>Level three</i>	<i>Must know</i>
Therapeutic approach	<i>Level three</i>	<i>Must know</i>
Complication-Prognosis	<i>Level three</i>	<i>Must know</i>
Prevention	<i>Level three</i>	<i>Must know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	1

Chronic bronchitis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Must know</i>
Diagnostic approach	<i>Level three</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level three</i>	<i>Must know</i>
Prevention	<i>Level three</i>	<i>Must know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	2
Minimum required disease management under supervision of senior physician	2
Minimum required independent disease management:	1

Emphysema

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	0

Asthma

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is necessary by educational pamphlets or booklets.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level two</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level three</i>	<i>Must know</i>
Prevention	<i>Level two</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	2
Minimum required disease management under supervision of senior physician	2
Minimum required independent disease management:	2

Bronchiectasis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on diagnosis.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	0

Extrinsic allergic alveolitis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Occupational lung disease

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Nice to know</i>
Prevention	<i>Level two</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	0

Empyema

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Must know</i>
Diagnostic approach	<i>Level three</i>	<i>Must know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Pleurisy

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on diagnosis.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Better to know</i>
Clinical manifestation	<i>Level three</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Must know</i>
Diagnostic approach	<i>Level three</i>	<i>Must know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Better to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	0

Hemothorax

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>No need to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Pneumothorax

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after stabilization.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Abscess of lung

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Nice to know</i>
Prevention	<i>Level two</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Abscess of mediastinum

GP's Tasks in IRAN

Diagnosis	Diagnosis is not a GP's task.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level four</i>	<i>No need to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level three</i>	<i>Nice to know</i>
Paraclinic	<i>Level three</i>	<i>Nice to know</i>
Diagnostic approach	<i>Level three</i>	<i>Nice to know</i>
Therapeutic approach	<i>Level four</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Chronic Pulmonary edema

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level two</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Must know</i>
Diagnostic approach	<i>Level three</i>	<i>Must know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Atelectasis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level three</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Better to know</i>
Prevention	<i>Level three</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Pulmonary eosinophilia

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on diagnosis.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>No need to know</i>
Etiology	<i>Level three</i>	<i>No need to know</i>
Pathophysiology	<i>Level three</i>	<i>No need to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Nice to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Adult respiratory distress syndrome

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after stabilization.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Must know</i>
Pathophysiology	<i>Level three</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Must know</i>
Diagnostic approach	<i>Level three</i>	<i>Must know</i>
Therapeutic approach	<i>Level three</i>	<i>Must know</i>
Complication-Prognosis	<i>Level three</i>	<i>Must know</i>
Prevention	<i>Level three</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	1

Allergic bronchopulmonary aspergillosis

GP's Tasks in IRAN

Diagnosis	Diagnosis is not a GP's task.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Nice to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level four</i>	<i>No need to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level three</i>	<i>Nice to know</i>
Paraclinic	<i>Level three</i>	<i>Nice to know</i>
Diagnostic approach	<i>Level four</i>	<i>No need to know</i>
Therapeutic approach	<i>Level four</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level four</i>	<i>No need to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Acute respiratory failure

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after stabilization.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level two</i>	<i>Must know</i>
Prevention	<i>Level three</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Chronic respiratory failure

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on diagnosis.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Must know</i>
Prevention	<i>Level three</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Broncholithiasis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Nice to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level four</i>	<i>No need to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level three</i>	<i>No need to know</i>
Prevention	<i>Level three</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Paralysis of diaphragm

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level four</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Obstetrical pulmonary embolism

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Foreign body in trachea, bronchus, and lung

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after stabilization.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level two</i>	<i>Must know</i>
Prevention	<i>Level three</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

RHEUMATOLOGY

RHEUMATOLOGY DISEASES	General Practitioner Tasks							Theoretical Clinical Educational Needs										Practical Educational Needs		
	Diagnosis	Treatment	Referral	Follow up	Prevention	Screening	Patient Education	Definition	Epidemiology	Etiology	Pathophysiology	Clinical manifes.	Paraclinic	Diagnostic app.	Therapeutic app.	Complication	Prevention	Observation	Collaboration	Independent
Whipple's disease (Intestinal Lipodystrophy)	0	0	0	0	0	0	0	B2	C3	C3	C3	C3	C3	C3	D4	D4	D4	0	0	0
Reiter's disease	2	1	3	2	0	0	1	A2	B2	B2	C2	A2	B2	B2	B3	B3	C3	0	0	0
Rheumatic fever	2	0	0	0	1	0	0	A2	B2	B2	C2	A2	A2	B2	C2	A2	A2	1	0	0
Sarcoidosis	2	0	0	0	0	0	0	B2	C4	C4	C4	B2	B3	B3	D4	C4	D4	0	0	0
Behcet's syndrome	1	0	0	0	0	0	0	A3	B3	C3	C3	B3	B3	B3	D4	D4	D4	1	0	0
Fibromyalgia	1	1	3	1	0	0	1	A2	B2	B2	B2	A2	B3	B3	A2	B2	C3	1	1	1
Myofascial pain syndrome	1	1	3	1	0	0	1	A2	C3	C3	C3	A2	B3	B3	A2	C2	C2	1	0	0
Microscopic polyangitis	1	0	0	0	0	0	0	C2	D3	D3	D3	B2	B3	B3	D3	D3	D3	0	0	0
Frozen shoulder	1	1	3	2	0	0	1	A2	B2	B2	B2	A2	C3	B3	A2	C2	C2	1	0	0
Renal bone disease	2	0	0	0	0	0	0	B2	C2	C2	C2	B1	B1	B1	C2	C2	C2	0	0	0
Antiphospholipid antibody syndrome	2	0	0	0	0	0	0	B2	C3	C3	C3	B2	B3	B3	C2	C2	C3	0	0	0
Raynaud's disease	1	0	1	0	0	0	0	A2	C2	C2	C2	A2	B2	B2	C2	C2	D3	0	0	0

	General Practitioner Tasks							Theoretical Clinical Educational Needs									Practical Educational Needs			
RHEUMATOLOGY	Diagnosis	Treatment	Referral	Follow up	Prevention	Screening	Patient Education	Definition	Epidemiology	Etiology	Pathophysiology	Clinical manifes.	Paraclinic	Diagnostic app.	Therapeutic app.	Complication	Prevention	Observation	Collaboration	Independent
DISEASES																				
Vasculitis	1	0	0	0	0	0	0	A2	C2	B2	C2	A2	B3	B3	C2	C2	C2	1	1	0
Enteropathic arthritis	2	0	0	0	0	0	0	B2	C3	C3	C3	B2	B2	B2	C2	C2	D3	0	0	0
Viral arthritis	1	1	3	1	0	0	1	A2	B3	B3	B3	A2	B2	B2	A2	B3	C3	1	1	1
Osteomalacia	2	1	3	2	1	0	1	A2	C2	C2	C2	A2	A2	B2	B2	B2	B2	1	0	0
Gout	2	1	3	2	1	0	3	A2	B2	B2	C2	A2	A2	A2	A2	A2	B2	2	1	1
Amyloidosis	0	0	0	0	0	0	0	B3	C3	C3	C3	C3	C3	C3	D3	C3	D3	0	0	0
Henoch-schonlein purpura	1	0	0	0	0	0	0	B3	C3	C3	C3	B3	B3	B2	C4	C4	C4	0	0	0
Reflex sympathetic dystrophy	1	1	3	2	1	0	1	A2	B2	B2	B2	B2	B3	B3	B2	B2	B2	1	0	0
Mononeuritis multiplex	2	0	0	0	0	0	0	B3	C3	C3	C3	B2	B3	B3	D3	D3	D3	0	0	0
Sjogren's disease	2	0	0	0	0	0	0	A2	C2	C2	C2	B2	B2	B2	C3	C3	D3	0	0	0
Polyarteritis nodosa	1	0	0	0	0	0	0	B3	C3	D3	D3	B2	B2	B3	C3	C3	D4	0	0	0
Wegner's granulomatosis	2	0	0	0	0	0	0	B3	C3	D3	D3	B3	B3	B3	C3	C3	D4	0	0	0

	General Practitioner Tasks							Theoretical Clinical Educational Needs									Practical Educational Needs			
RHEUMATOLOGY <i>DISEASES</i>	Diagnosis	Treatment	Referral	Follow up	Prevention	Screening	Patient Education	Definition	Epidemiology	Etiology	Pathophysiology	Clinical manifes.	Paraclinic	Diagnostic app.	Therapeutic app.	Complication	Prevention	Observation	Collaboration	Independent
Giant cell arteritis	1	0	0	0	0	0	0	B2	C3	D3	D3	B2	C3	B3	C3	C3	D4	0	0	0
Temporomandibular joint disorders	1	0	0	0	0	0	0	C3	D4	D4	D4	B3	B4	B4	D4	D4	D4	0	0	0
Erythema multiforme	1	1	3	2	1	0	1	B2	C2	B2	C2	B3	B3	B3	B3	C2	C2	1	1	0
Psoriatic arthropathy	1	0	0	0	0	0	0	B2	C2	C2	C2	B2	C3	B3	C3	C3	D3	0	0	0
Systemic lupus erythematosus	2	0	0	0	0	0	0	A3	C3	C3	C3	A2	A2	A2	C2	A2	C3	1	0	0
Systemic sclerosis	1	0	0	0	0	0	0	B3	C3	D3	D3	B3	B3	B3	C3	C3	D4	0	0	0
Dermatomyositis	2	0	0	0	0	0	0	B3	C3	D3	D3	B2	B2	B3	C3	C3	D4	0	0	0
Polymyositis	2	0	0	0	0	0	0	B3	C3	D3	D3	B2	B2	B3	C3	C3	D4	0	0	0
Eosinophilia myalgia syndrome	0	0	0	0	0	0	0	C2	D4	D4	D4	C3	C3	D4	D4	D4	D4	0	0	0
Crystal arthropathies	2	0	0	0	0	0	0	B2	C3	C3	C2	B2	B2	B2	C3	C3	C3	0	0	0
Neuropathic joint disease [charcot's joint]	2	0	0	0	0	0	0	B2	D3	D3	D3	B2	B3	B4	D3	D4	D4	0	0	0
Rheumatoid arthritis	2	1	3	2	0	0	1	A2	B2	C3	C2	A2	A2	A2	A2	A2	C4	2	1	1

	General Practitioner Tasks							Theoretical Clinical Educational Needs										Practical Educational Needs		
RHEUMATOLOGY	Diagnosis	Treatment	Referral	Follow up	Prevention	Screening	Patient Education	Definition	Epidemiology	Etiology	Pathophysiology	Clinical manifes.	Paraclinic	Diagnostic app.	Therapeutic app.	Complication	Prevention	Observation	Collaboration	Independent
DISEASES																				
Juvenile chronic polyarthritis	2	0	1	0	0	0	0	A2	B2	C2	C2	A2	A2	A2	C2	B2	D4	0	0	0
Osteoarthrosis	2	1	3	2	1	0	3	A2	A2	B2	B2	A1	A2	A2	A1	A2	A2	2	2	2
Transient synovitis of hip	2	1	3	1	0	0	1	A2	B2	C3	C3	A2	A2	A2	B2	B2	B2	0	0	0
Pigmented villonodular synovitis	1	0	0	0	0	0	0	B2	C2	D3	D3	B2	B2	B2	C3	C3	D3	0	0	0
Ankylosing spondylitis	2	1	3	2	0	0	1	A2	B2	D3	D3	B2	B2	B2	A2	B2	D4	1	1	0
Intervertebral disc disorders	2	1	3	1	0	0	3	A2	C2	C2	C2	A2	A2	A2	B2	B2	B2	1	1	1
Polymyalgia rheumatica	2	0	0	0	0	0	0	B2	C2	C2	C2	B2	B2	B2	C2	C2	D4	0	0	0
Rotator cuff syndrome of shoulder	2	1	3	2	0	0	1	A2	B2	B2	C2	A2	B2	B2	A2	B2	C3	1	1	1
Medial epicondylitis	1	1	3	1	0	0	1	A2	B2	B2	B2	A2	C3	B2	A2	C3	B2	1	0	0
Lateral epicondylitis (tennis elbow)	1	1	3	1	0	0	1	A2	B2	B2	B2	A2	C3	B2	A2	C2	B2	1	1	0
Olecranon bursitis	1	1	3	1	0	0	1	A2	B2	B2	B3	A2	C2	A2	A2	B2	B2	1	1	0
Prepatellar bursitis	1	1	3	1	0	0	1	A2	B2	B2	B2	A2	C2	B2	A2	C3	B2	1	1	0

	General Practitioner Tasks						Theoretical Clinical Educational Needs										Practical Educational Needs			
RHEUMATOLOGY	Diagnosis	Treatment	Referral	Follow up	Prevention	Screening	Patient Education	Definition	Epidemiology	Etiology	Pathophysiology	Clinical manifes.	Paraclinic	Diagnostic app.	Therapeutic app.	Complication	Prevention	Observation	Collaboration	Independent
DISEASES																				
Achilles bursitis or tendinitis	1	1	3	1	0	0	1	A2	B3	B3	B3	A2	C3	B2	A2	B2	B2	1	1	0
Hypermobility syndrome	1	1	5	0	0	0	1	B2	C2	C2	C2	B2	B2	B2	B3	D3	D4	0	0	0
Spasm of muscle	1	2	4	1	0	0	1	A2	B2	B2	C3	A2	A2	A2	A2	B2	B2	1	1	1
Necrotizing fasciitis	0	0	0	0	0	0	0	B3	D3	D3	D3	C3	C3	C3	D3	D4	D3	0	0	0
Paget's disease of bone	2	0	0	0	0	0	0	B2	C3	C3	C3	B2	B2	B2	C3	C3	B2	0	0	0
Osgood-Schlatter disease	2	1	3	2	0	0	1	A2	B2	B2	B2	A2	A2	B2	A2	A2	B2	1	0	0
Osteoporosis	1	1	3	2	1	1	3	A2	B2	B2	B2	A2	A2	A2	A2	A2	A2	2	2	2
Fibrous dysplasia	2	0	0	0	0	0	0	B2	C3	C3	C3	B2	B2	B2	C3	D3	D3	0	0	0
Chondromalacia of patella	2	1	3	2	0	0	3	A2	C3	C3	C3	A2	B2	A2	A2	C3	C3	1	1	1
Spondylosis	2	1	3	1	0	0	1	A2	B2	B3	B3	A1	A2	A2	A1	A2	A2	2	2	2
Spondylolisthesis	2	0	0	0	0	0	0	B2	C2	C2	C3	B2	B2	B2	C3	C3	D3	0	0	0
Bicipital tendinitis	1	1	3	1	0	0	1	A2	C2	C2	C2	A2	C2	B2	A2	A2	C2	0	0	0

		General Practitioner Tasks						Theoretical Clinical Educational Needs									Practical Educational Needs				
		Diagnosis	Treatment	Referral	Follow up	Prevention	Screening	Patient Education	Definition	Epidemiology	Etiology	Pathophysiology	Clinical manifes.	Paraclinic	Diagnostic app.	Therapeutic app.	Complication	Prevention	Observation	Collaboration	Independent
RHEUMATOLOGY																					
DISEASES																					
March fracture		2	1	3	1	0	0	1	A2	C2	B2	B2	A2	A2	B2	A2	B2	C2	0	0	0
Anterior metatarsalgia		1	1	3	1	0	0	1	A2	C2	C2	C2	A2	C2	B2	A2	B2	B2	0	0	0
Plantar neuroma		1	1	3	1	0	0	1	A2	C2	C2	C2	A2	C2	B2	A2	B2	B2	0	0	0
Plantar fasciatis		2	1	3	1	0	0	1	A2	B2	B2	B2	A2	A2	A2	B2	B2	C2	1	1	1
Trigger finger		1	0	1	0	0	0	0	B2	C3	C3	C3	A2	C3	B3	D3	D3	D3	0	0	0

Whipple's disease (Intestinal Lipodystrophy)

GP's Tasks in IRAN

Diagnosis	Diagnosis is not a GP's task.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Nice to know</i>
Paraclinic	<i>Level three</i>	<i>Nice to know</i>
Diagnostic approach	<i>Level three</i>	<i>Nice to know</i>
Therapeutic approach	<i>Level four</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level four</i>	<i>No need to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Reiter's disease

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level two</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Better to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Rheumatic fever

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level two</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Must know</i>
Prevention	<i>Level two</i>	<i>Must know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Sarcoidosis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level four</i>	<i>Nice to know</i>
Etiology	<i>Level four</i>	<i>Nice to know</i>
Pathophysiology	<i>Level four</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level four</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level four</i>	<i>Nice to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Behcet's syndrome

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level four</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level four</i>	<i>No need to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Fibromyalgia

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level two</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	1

Myofascial pain syndrome

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level two</i>	<i>Nice to know</i>
Prevention	<i>Level two</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Microscopic polyangitis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Nice to know</i>
Epidemiology	<i>Level three</i>	<i>No need to know</i>
Etiology	<i>Level three</i>	<i>No need to know</i>
Pathophysiology	<i>Level three</i>	<i>No need to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level three</i>	<i>No need to know</i>
Prevention	<i>Level three</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Frozen shoulder

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level two</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Nice to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level two</i>	<i>Nice to know</i>
Prevention	<i>Level two</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Renal bone disease

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level two</i>	<i>Nice to know</i>
Etiology	<i>Level two</i>	<i>Nice to know</i>
Pathophysiology	<i>Level two</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level one</i>	<i>Better to know</i>
Paraclinic	<i>Level one</i>	<i>Better to know</i>
Diagnostic approach	<i>Level one</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Nice to know</i>
Prevention	<i>Level two</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Antiphospholipid antibody syndrome

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Raynaud's disease

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on diagnosis.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Nice to know</i>
Etiology	<i>Level two</i>	<i>Nice to know</i>
Pathophysiology	<i>Level two</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Vasculitis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Nice to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level two</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Nice to know</i>
Prevention	<i>Level two</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	0

Enteropathic arthritis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Viral arthritis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level three</i>	<i>Better to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	1

Osteomalacia

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Nice to know</i>
Etiology	<i>Level two</i>	<i>Nice to know</i>
Pathophysiology	<i>Level two</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level two</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Gout

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is necessary by educational pamphlets or booklets.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level two</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level two</i>	<i>Must know</i>
Prevention	<i>Level two</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	2
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	1

Amyloidosis

GP's Tasks in IRAN

Diagnosis	Diagnosis is not a GP's task.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Nice to know</i>
Paraclinic	<i>Level three</i>	<i>Nice to know</i>
Diagnostic approach	<i>Level three</i>	<i>Nice to know</i>
Therapeutic approach	<i>Level three</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Henoch-schonlein purpura

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level four</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level four</i>	<i>Nice to know</i>
Prevention	<i>Level four</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Reflex sympathetic dystrophy

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level two</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level two</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Mononeuritis multiplex

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level three</i>	<i>No need to know</i>
Prevention	<i>Level three</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Sjogren's disease

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Nice to know</i>
Etiology	<i>Level two</i>	<i>Nice to know</i>
Pathophysiology	<i>Level two</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Polyarteritis nodosa

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>No need to know</i>
Pathophysiology	<i>Level three</i>	<i>No need to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Wegner's granulomatosis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>No need to know</i>
Pathophysiology	<i>Level three</i>	<i>No need to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Giant cell arteritis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>No need to know</i>
Pathophysiology	<i>Level three</i>	<i>No need to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Nice to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Temporomandibular joint disorders

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Nice to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level four</i>	<i>No need to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level four</i>	<i>Better to know</i>
Diagnostic approach	<i>Level four</i>	<i>Better to know</i>
Therapeutic approach	<i>Level four</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level four</i>	<i>No need to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Erythema multiforme

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level two</i>	<i>Nice to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level two</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Nice to know</i>
Prevention	<i>Level two</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	0

Psoriatic arthropathy

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level two</i>	<i>Nice to know</i>
Etiology	<i>Level two</i>	<i>Nice to know</i>
Pathophysiology	<i>Level two</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Nice to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Systemic lupus erythematosus

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Must know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Systemic sclerosis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>No need to know</i>
Pathophysiology	<i>Level three</i>	<i>No need to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Dermatomyositis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>No need to know</i>
Pathophysiology	<i>Level three</i>	<i>No need to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Polymyositis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>No need to know</i>
Pathophysiology	<i>Level three</i>	<i>No need to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Eosinophilia myalgia syndrome

GP's Tasks in IRAN

Diagnosis	Diagnosis is not a GP's task.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Nice to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level four</i>	<i>No need to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level three</i>	<i>Nice to know</i>
Paraclinic	<i>Level three</i>	<i>Nice to know</i>
Diagnostic approach	<i>Level four</i>	<i>No need to know</i>
Therapeutic approach	<i>Level four</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level four</i>	<i>No need to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Crystal arthropathies

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level two</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Neuropathic joint disease (charcot's joint)

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>No need to know</i>
Etiology	<i>Level three</i>	<i>No need to know</i>
Pathophysiology	<i>Level three</i>	<i>No need to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level four</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level four</i>	<i>No need to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Rheumatoid arthritis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level two</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level two</i>	<i>Must know</i>
Prevention	<i>Level four</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	2
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	1

Juvenile chronic polyarthritis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on diagnosis.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Nice to know</i>
Pathophysiology	<i>Level two</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Osteoarthritis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is necessary by educational pamphlets or booklets.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Must know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level two</i>	<i>Better to know</i>
Clinical manifestation	<i>Level one</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level one</i>	<i>Must know</i>
Complication-Prognosis	<i>Level two</i>	<i>Must know</i>
Prevention	<i>Level two</i>	<i>Must know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	2
Minimum required disease management under supervision of senior physician	2
Minimum required independent disease management:	2

Transient synovitis of hip

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level two</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Pigmented villonodular synovitis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level two</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>No need to know</i>
Pathophysiology	<i>Level three</i>	<i>No need to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Ankylosing spondylitis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>No need to know</i>
Pathophysiology	<i>Level three</i>	<i>No need to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	0

Intervertebral disc disorders

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is necessary by educational pamphlets or booklets.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Nice to know</i>
Etiology	<i>Level two</i>	<i>Nice to know</i>
Pathophysiology	<i>Level two</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level two</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	1

Polymyalgia rheumatica

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level two</i>	<i>Nice to know</i>
Etiology	<i>Level two</i>	<i>Nice to know</i>
Pathophysiology	<i>Level two</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Nice to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Rotator cuff syndrome of shoulder

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level two</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	1

Medial epicondylitis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level two</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Nice to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level two</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Lateral epicondylitis (tennis elbow)

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level two</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Nice to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level two</i>	<i>Nice to know</i>
Prevention	<i>Level two</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	0

Olecranon bursitis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Nice to know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level two</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	0

Prepatellar bursitis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level two</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Nice to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level two</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	0

Achilles bursitis or tendinitis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Nice to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level two</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	0

Hypermobility syndrome

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient does not need referral.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level two</i>	<i>Nice to know</i>
Etiology	<i>Level two</i>	<i>Nice to know</i>
Pathophysiology	<i>Level two</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level three</i>	<i>No need to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Spasm of muscle

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Advanced conclusive treatment is a GP's task.
Referral	The patient must be referred after primary or conclusive treatment, if complications occur.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level two</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	1

Necrotizing fasciitis

GP's Tasks in IRAN

Diagnosis	Diagnosis is not a GP's task.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>No need to know</i>
Etiology	<i>Level three</i>	<i>No need to know</i>
Pathophysiology	<i>Level three</i>	<i>No need to know</i>
Clinical manifestation	<i>Level three</i>	<i>Nice to know</i>
Paraclinic	<i>Level three</i>	<i>Nice to know</i>
Diagnostic approach	<i>Level three</i>	<i>Nice to know</i>
Therapeutic approach	<i>Level three</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level four</i>	<i>No need to know</i>
Prevention	<i>Level three</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Paget's disease of bone

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level two</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Osgood-Schlatter disease

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level two</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level two</i>	<i>Must know</i>
Prevention	<i>Level two</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Osteoporosis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening high risk people visited at office is a GP's task.
Patient education	Patient education is necessary by educational pamphlets or booklets.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level two</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level two</i>	<i>Must know</i>
Prevention	<i>Level two</i>	<i>Must know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	2
Minimum required disease management under supervision of senior physician	2
Minimum required independent disease management:	2

Fibrous dysplasia

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>No need to know</i>
Prevention	<i>Level three</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Chondromalacia of patella

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is necessary by educational pamphlets or booklets.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	1

Spondylosis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Better to know</i>
Clinical manifestation	<i>Level one</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level one</i>	<i>Must know</i>
Complication-Prognosis	<i>Level two</i>	<i>Must know</i>
Prevention	<i>Level two</i>	<i>Must know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	2
Minimum required disease management under supervision of senior physician	2
Minimum required independent disease management:	2

Spondylolisthesis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level two</i>	<i>Nice to know</i>
Etiology	<i>Level two</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Bicipital tendinitis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Nice to know</i>
Etiology	<i>Level two</i>	<i>Nice to know</i>
Pathophysiology	<i>Level two</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Nice to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level two</i>	<i>Must know</i>
Prevention	<i>Level two</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

March fracture

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Nice to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level two</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level two</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Anterior metatarsalgia

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Nice to know</i>
Etiology	<i>Level two</i>	<i>Nice to know</i>
Pathophysiology	<i>Level two</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Nice to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level two</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Plantar neuroma

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Nice to know</i>
Etiology	<i>Level two</i>	<i>Nice to know</i>
Pathophysiology	<i>Level two</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Nice to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level two</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Plantar fasciatis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level two</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level two</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	1

Trigger finger

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on diagnosis.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Nice to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level three</i>	<i>No need to know</i>
Prevention	<i>Level three</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

SURGERY

SURGERY DISEASES	General Practitioner Tasks							Theoretical Clinical Educational Needs										Practical Educational Needs		
	Diagnosis	Treatment	Referral	Follow up	Prevention	Screening	Patient Education	Definition	Epidemiology	Etiology	Pathophysiology	Clinical manifes.	Paraclinic	Diagnostic app.	Therapeutic app.	Complication	Prevention	Observation	Collaboration	Independent
Malignant neoplasm of esophagus	1	0	0	0	0	0	0	A2	B2	C3	C3	A2	B2	B2	D3	C3	C3	0	0	0
Malignant neoplasm of stomach	1	0	0	0	0	0	0	A2	B2	C2	C2	A2	B2	B2	D3	C2	C2	0	0	0
Malignant neoplasm of small intestine,	0	0	0	0	0	0	0	B2	C3	C2	C2	C2	C2	C2	C3	D4	D4	0	0	0
Malignant neoplasm of colon	1	0	0	0	0	1	0	A2	C3	C3	C3	A2	B2	B2	C2	C3	D3	1	0	0
Malignant neoplasm of rectum, rectosigmoid junction, and anus	1	0	0	0	0	0	0	A2	C2	C2	C2	A2	B2	B2	D3	C3	C3	1	0	0
Malignant neoplasm of gallbladder and extrahepatic bile ducts	2	0	0	0	0	0	0	B3	D4	D4	D4	B3	B3	B4	D4	C3	D4	0	0	0
Malignant neoplasm of pancreas	2	0	0	0	0	0	0	B3	D4	D4	D4	B3	B3	B3	D4	D4	D4	0	0	0
Malignant neoplasm of retroperitoneum and peritoneum	0	0	0	0	0	0	0	C3	D4	D4	D4	C3	D4	D4	D4	D4	D4	0	0	0
Malignant neoplasm of thymus, heart, and mediastinum	0	0	0	0	0	0	0	C3	D3	D3	D3	C3	C3	C3	D3	D3	D4	0	0	0
Malignant neoplasm of connective tissue (sarcoma)	1	0	0	0	0	0	0	B3	D4	D4	D4	B3	B3	B3	D4	D4	D4	0	0	0
Malignant neoplasm of female breast	1	0	0	0	0	1	1	A2	A2	C2	C2	A2	B2	A2	C3	B2	B2	1	0	0
Malignant neoplasm of lung	2	0	0	0	1	0	0	A2	C3	B2	C3	A2	B2	B2	D3	C3	A2	1	0	0

	General Practitioner Tasks							Theoretical Clinical Educational Needs										Practical Educational Needs		
SURGERY DISEASES	Diagnosis	Treatment	Referral	Follow up	Prevention	Screening	Patient Education	Definition	Epidemiology	Etiology	Pathophysiology	Clinical manifes.	Paraclinic	Diagnostic app.	Therapeutic app.	Complication	Prevention	Observation	Collaboration	Independent
Non Hodgkin's lymphoma	1	0	0	0	0	0	0	B2	C3	D3	D3	B2	B2	B3	D3	C3	D4	1	1	0
Malignant neoplasm of thyroid gland	1	0	0	0	0	0	0	A2	B2	B2	C3	A2	A2	A2	D3	C3	D3	1	0	0
Malignant neoplasm of adrenal gland	0	0	0	0	0	0	0	C3	D3	D3	D3	C3	C3	C3	D4	D4	D3	0	0	0
Benign neoplasm of esophagus	0	0	0	0	0	0	0	B2	C3	C3	C3	C2	C2	C3	D3	D4	D4	0	0	0
Benign neoplasm of Stomach	0	0	0	0	0	0	0	B2	C2	C3	C3	C2	C2	C3	D3	D4	D4	0	0	0
Benign neoplasm of duodenum, jejunum, and ileum	0	0	0	0	0	0	0	C3	D4	D4	D4	C3	D4	D4	D3	D4	D4	0	0	0
Benign neoplasm of colon	1	0	0	0	0	0	0	A2	C3	C3	C3	B2	B3	B3	C2	C2	D4	1	0	0
Tumors of appendix	0	0	0	0	0	0	0	C4	D4	D4	D4	C2	C2	C2	D4	C4	D4	0	0	0
Benign neoplasm of rectum and anal canal	1	0	0	0	0	0	0	A2	C3	C3	C3	A2	B2	B2	D3	C3	D3	1	0	0
Benign neoplasm of liver and biliary passages	2	0	0	0	0	0	0	B2	C3	D3	D3	B2	B3	B2	D3	D3	D3	0	0	0
Lipoma	2	2	4	1	0	0	1	A2	C3	C3	C3	A2	A2	A2	A2	A2	C3	2	2	1
Benign neoplasm of skin	1	2	4	1	0	0	1	A2	C3	C3	C3	A2	A2	A2	A2	A2	C3	2	2	1

	General Practitioner Tasks							Theoretical Clinical Educational Needs										Practical Educational Needs		
SURGERY	Diagnosis	Treatment	Referral	Follow up	Prevention	Screening	Patient Education	Definition	Epidemiology	Etiology	Pathophysiology	Clinical manifes.	Paraclinic	Diagnostic app.	Therapeutic app.	Complication	Prevention	Observation	Collaboration	Independent
DISEASES																				
Benign neoplasm of breast	2	0	0	0	0	0	0	A2	B2	D3	D3	A2	B2	A2	C3	C2	C2	0	0	0
Hemangioma	1	0	0	0	0	0	0	B2	C3	C3	C3	B2	B2	B2	C2	B2	D4	0	0	0
Lymphangioma	1	0	0	0	0	0	0	B3	D4	D3	D3	B3	B4	B4	D3	D3	D3	0	0	0
Persistent hyperplasia of thymus	0	0	0	0	0	0	0	C3	D4	D4	D4	C3	D4	D4	D4	D4	D4	0	0	0
Carcinoid syndrome	1	0	0	0	0	0	0	B2	D3	D3	D3	B2	B2	B2	D3	C3	D3	0	0	0
Stenosis of carotid artery	1	0	0	0	0	0	0	A2	C2	C2	C2	B2	B2	B3	C3	C3	C3	0	0	0
Aortic aneurysm	2	0	0	0	0	0	0	B2	C3	D3	D3	B2	B2	B3	D3	D3	D4	0	0	0
Dissection of aorta	2	0	0	0	0	0	0	B2	C3	D3	D3	B3	B3	B3	D3	D3	D3	0	0	0
Arteriovenous fistula	1	0	0	0	0	0	0	B3	D4	D3	D3	B3	C3	B3	D3	C3	D3	0	0	0
Phlebitis and thrombophlebitis	2	0	1	2	1	0	0	A3	B2	B2	B2	A2	A2	A2	C2	C2	A2	1	1	1
Portal vein thrombosis	0	0	0	0	0	0	0	C3	D4	D3	D3	C3	C3	C3	D4	D4	D4	0	0	0
Budd-chiari syndrome	0	0	0	0	0	0	0	B3	D3	C3	D4	C3	C3	C3	D3	D3	D3	0	0	0

	General Practitioner Tasks							Theoretical Clinical Educational Needs									Practical Educational Needs			
SURGERY DISEASES	Diagnosis	Treatment	Referral	Follow up	Prevention	Screening	Patient Education	Definition	Epidemiology	Etiology	Pathophysiology	Clinical manifes.	Paraclinic	Diagnostic app.	Therapeutic app.	Complication	Prevention	Observation	Collaboration	Independent
Varicose veins of lower extremities	2	1	3	2	1	0	1	A2	B2	B2	B2	A2	A2	A2	A2	A2	A2	2	1	1
Hemorrhoids	1	1	3	2	1	0	1	A2	B2	B3	B3	A2	B2	A2	A2	A2	B2	2	1	1
Lymphangitis	1	1	3	1	0	0	1	B3	C3	C3	C3	B3	B3	B3	B3	C3	D4	0	0	0
Empyema	2	0	0	0	0	0	0	A2	C3	B2	C3	A2	A2	A2	C3	B2	C3	0	0	0
Hemothorax	2	0	0	0	0	0	0	B2	D4	C3	C3	B2	B2	B2	C2	C3	D3	0	0	0
Hydrothorax	2	0	0	0	0	0	0	B2	D4	C3	C3	B2	B2	B2	C2	C3	D3	0	0	0
Pneumothorax	2	1	2	0	0	0	0	A2	C3	C3	C3	A2	A2	B2	B2	C3	D3	0	0	0
Abscess of lung	2	0	0	0	0	0	0	B2	C3	C3	C3	B2	B2	B2	C2	C3	C3	0	0	0
Abscess of mediastinum	0	0	0	0	0	0	0	B3	D3	D3	D3	C3	C3	C3	D3	D3	D3	0	0	0
Tracheostomy Complications	1	0	0	0	0	0	0	C3	D4	D4	D4	B3	B4	B4	D4	D4	C3	0	0	0
Mediastinitis	1	0	0	0	0	0	0	B3	C3	D3	D3	B3	B3	B3	D3	D3	D4	0	0	0
Achalasia and cardiospasm	1	0	0	0	0	0	0	A2	B2	C2	C2	A2	A2	A2	C2	C2	D4	0	0	0

	General Practitioner Tasks							Theoretical Clinical Educational Needs										Practical Educational Needs		
	Diagnosis	Treatment	Referral	Follow up	Prevention	Screening	Patient Education	Definition	Epidemiology	Etiology	Pathophysiology	Clinical manifes.	Paraclinic	Diagnostic app.	Therapeutic app.	Complication	Prevention	Observation	Collaboration	Independent
SURGERY																				
<i>DISEASES</i>																				
Stricture and stenosis of esophagus	1	0	0	0	0	0	0	B2	D4	C2	C2	A2	B2	B2	C3	C2	D4	0	0	0
Acute appendicitis	2	0	0	0	0	0	0	A2	A2	B2	B2	A2	A2	A2	C2	B2	D4	3	3	1
Inguinal hernia	1	0	1	0	0	0	0	A2	B2	C3	C3	A2	B3	B3	C2	B2	C3	2	2	1
Femoral hernia	1	0	0	0	0	0	0	B2	C3	C3	C3	B2	B3	B3	D4	C3	D4	0	0	0
Umbilical hernia	1	0	1	0	0	0	0	B2	C3	C3	C3	B2	B3	B3	C2	B2	D3	0	0	0
Vascular insufficiency of intestine	1	0	0	0	0	0	0	B2	D3	C3	C3	B2	B2	B3	D3	C3	D3	0	0	0
Intestinal obstruction	2	1	2	0	0	0	0	A2	B2	B2	B2	A2	A2	A2	B3	B2	B2	2	1	1
Intussusception	2	0	0	0	0	0	0	A2	B3	C3	C3	A2	A2	A2	C3	C3	C2	0	0	0
Intestinal or periotneal adhesions	1	0	0	0	0	0	0	B2	C3	C3	C3	B2	B3	B3	C3	C3	C3	0	0	0
Diverticula of intestine	0	0	0	0	0	0	0	B2	D3	C3	C3	C3	C3	C3	D3	D3	D3	0	0	0
Anal fissure	1	1	3	1	0	0	1	A2	B2	B2	B2	A2	B2	A2	A2	A2	B2	2	1	2
Anal fistula	1	0	1	0	0	0	0	A2	C2	C2	C2	A2	B2	B2	C3	C3	C3	1	1	0

	General Practitioner Tasks							Theoretical Clinical Educational Needs									Practical Educational Needs			
SURGERY DISEASES	Diagnosis	Treatment	Referral	Follow up	Prevention	Screening	Patient Education	Definition	Epidemiology	Etiology	Pathophysiology	Clinical manifes.	Paraclinic	Diagnostic app.	Therapeutic app.	Complication	Prevention	Observation	Collaboration	Independent
Abscess of anal and rectal regions	1	0	0	0	0	0	0	A2	C2	C2	C2	A2	B3	B3	C2	C3	C3	1	0	0
Peritonitis	2	0	0	0	0	0	0	A2	B2	B2	B2	A2	A2	A2	C2	B2	B2	1	1	1
Abdominopelvic abscess	2	0	0	0	0	0	0	B2	C2	C3	C3	B2	B2	B2	D3	C3	D3	0	0	0
Retroperitoneal abscess	0	0	0	0	0	0	0	B2	C2	C3	C3	C2	C2	C2	D3	C3	D3	0	0	0
Anal and rectal polyp	1	0	0	0	0	0	0	A2	C2	D3	D3	A2	B2	A2	C2	B2	C2	0	0	0
Rectal prolapse	1	0	1	0	0	0	0	B2	C3	C3	D4	B2	B4	B4	C3	C3	D3	0	0	0
Proctitis	1	0	1	0	0	0	0	B2	C3	C3	C3	B2	B2	B2	C3	C3	C3	0	0	0
Abscess of liver	2	0	0	0	0	0	0	B2	C3	C3	D3	B2	B2	B3	D3	D4	D4	0	0	0
Cholelithiasis	2	0	1	0	0	0	0	A2	B2	C2	C2	A2	A2	A2	C2	C2	C2	1	1	0
Acute cholecystitis	2	0	0	0	0	0	0	A2	B2	B2	B2	A2	A2	A2	C2	B2	D2	1	2	0
Chronic cholecystitis	2	0	0	0	0	0	0	B2	C3	C3	C3	B2	B3	B3	D3	C3	C3	0	0	0
Cholangitis	1	0	0	0	0	0	0	B2	C3	C3	C3	B2	B3	B3	C2	C3	D4	0	0	0

	General Practitioner Tasks							Theoretical Clinical Educational Needs									Practical Educational Needs			
SURGERY	Diagnosis	Treatment	Referral	Follow up	Prevention	Screening	Patient Education	Definition	Epidemiology	Etiology	Pathophysiology	Clinical manifes.	Paraclinic	Diagnostic app.	Therapeutic app.	Complication	Prevention	Observation	Collaboration	Independent
DISEASES																				
Obstuction of bile duct	2	0	0	0	0	0	0	B3	D4	C2	D4	B3	B3	B3	C2	C3	D4	1	1	0
Acute pancreatitis	2	0	0	0	0	0	0	A1	B2	B2	C2	A1	A2	A1	C2	B2	B2	1	1	0
Chronic pancreatitis	1	0	0	0	0	0	0	B2	D4	C2	D4	B2	B2	B3	D3	C3	D3	0	0	0
Cyst and pseudocyst of pancreas	0	0	0	0	0	0	0	C3	D4	D3	D3	C3	C3	C3	D3	D4	D3	0	0	0
Cyst of breast	2	0	0	0	0	0	0	B2	C3	D3	D3	B2	B3	B3	D3	C3	D3	0	0	0
Abscess of breast	2	1	3	1	0	0	1	A2	C3	B2	C3	A2	A3	A3	B2	C3	C2	1	1	0
Pilonidal cyst	1	0	1	0	0	0	0	A2	C2	D3	D3	A2	B2	B3	D3	C2	D3	1	1	0
Ingrowing nail	1	1	3	1	0	0	1	A2	C3	B2	C3	A2	B3	B3	A2	A2	B2	1	1	1
Cleft palate and cleft lip	1	0	1	0	0	0	0	B2	D4	D3	D3	B2	B4	B4	D4	D4	D4	0	0	0
Atresia of esophagus	1	0	0	0	0	0	0	B3	D4	D4	D4	B3	B3	B3	D4	B3	D4	0	0	0
Congenital esophageal ring	0	0	0	0	0	0	0	C3	D4	D4	D4	C3	D4	D4	D4	D4	D4	0	0	0
Congenital hiatus hernia	2	0	0	0	0	0	0	B2	C3	D3	D3	B2	C2	B3	D3	C3	D3	0	0	0

	General Practitioner Tasks							Theoretical Clinical Educational Needs									Practical Educational Needs			
SURGERY DISEASES	Diagnosis	Treatment	Referral	Follow up	Prevention	Screening	Patient Education	Definition	Epidemiology	Etiology	Pathophysiology	Clinical manifes.	Paraclinic	Diagnostic app.	Therapeutic app.	Complication	Prevention	Observation	Collaboration	Independent
Meckel's diverticulum	0	0	0	0	0	0	0	B2	C2	D4	D4	C2	C3	C2	D4	C2	D4	0	0	0
Imperforate anus	1	0	1	0	0	0	0	A2	C2	D3	D3	A2	C4	B4	D3	C3	D3	0	0	0
Hirschsprung's disease	2	0	0	0	0	0	0	B2	C3	D3	D3	B2	B3	B3	D3	C3	D3	0	0	0
Anomalies of pancreas	0	0	0	0	0	0	0	C3	D4	D4	D4	C3	C3	C3	D3	C3	D4	0	0	0
Anomalies of skull and face bones	0	0	0	0	0	0	0	C2	D3	D4	D4	C2	D3	D3	D3	D3	D3	0	0	0
Congenital diaphragmatic hernia	2	0	0	0	0	0	0	B3	C3	D3	D3	B3	B3	B3	D4	C2	D3	0	0	0
Mandible fracture	2	0	1	0	0	0	0	B2	D4	D4	D4	B2	B2	B2	C3	B3	C3	0	0	0
Malar and maxillary bones fracture	2	0	1	0	0	0	0	B2	D4	D4	D4	B2	B2	B3	D3	C3	D4	0	0	0
Fracture of rib(s)	2	1	3	1	0	0	1	A3	B3	C3	B3	A3	A3	A3	A3	A3	B3	1	1	0
Dislocation of jaw	2	1	3	1	0	0	1	A2	C3	C3	C3	A2	B2	B2	A2	B2	C3	0	0	0
Injury to heart	2	1	2	0	0	0	0	A2	D4	D4	D4	A2	B2	A2	B2	C3	C3	0	0	0
Injury to lung	2	1	2	0	0	0	0	A2	C3	C3	C3	A2	A2	A2	B2	C2	C2	0	0	0

	General Practitioner Tasks							Theoretical Clinical Educational Needs										Practical Educational Needs		
SURGERY	Diagnosis	Treatment	Referral	Follow up	Prevention	Screening	Patient Education	Definition	Epidemiology	Etiology	Pathophysiology	Clinical manifes.	Paraclinic	Diagnostic app.	Therapeutic app.	Complication	Prevention	Observation	Collaboration	Independent
	DISEASES																			
Injury to gastrointestinal tract	2	0	0	0	0	0	0	A2	C2	D3	D3	A2	A2	A2	C2	B2	C2	0	0	0
Injury to liver	2	0	0	0	0	0	0	A2	C2	D3	D3	A2	A2	A2	C2	A2	C2	0	0	0
Injury to spleen	2	0	0	0	0	0	0	A2	C2	D3	D3	A2	A2	A2	C2	B2	C2	0	0	0
Injury to blood vessels of head and neck	1	1	2	0	0	0	0	B2	C3	C3	C3	B2	B2	B2	B2	C3	C2	0	0	0
Injury to blood vessels of abdomen and pelvis	1	0	0	0	0	0	0	B2	C2	C3	C2	B2	B2	B2	D3	C3	C3	0	0	0
Injury to blood vessels of upper extremity	1	1	2	0	0	0	0	A2	C3	C3	C3	A2	B2	A2	B2	B2	C3	0	0	0
Injury to blood vessels of lower extremity	1	1	2	0	0	0	0	B2	C3	C3	C3	A2	B2	B2	B3	B2	C3	0	0	0
Crush injury	2	1	2	0	0	0	0	A2	B2	B2	B2	A2	A2	A3	A2	A2	D4	0	0	0
Minor burn	1	1	3	2	1	0	1	A2	B3	B3	B3	A2	C3	B3	A2	A2	A2	1	1	0
Major burn	1	1	2	0	0	0	0	A2	B2	B2	C3	A2	C2	B3	B2	B2	C2	0	0	0
Air embolism	1	0	0	0	0	0	0	B2	C3	D3	D3	B2	C2	B3	C2	C2	D4	0	0	0
Fat embolism	1	0	0	0	1	0	0	B2	C3	D3	D3	B2	C2	B2	C2	C2	D4	0	0	0

	General Practitioner Tasks							Theoretical Clinical Educational Needs									Practical Educational Needs			
SURGERY	Diagnosis	Treatment	Referral	Follow up	Prevention	Screening	Patient Education	Definition	Epidemiology	Etiology	Pathophysiology	Clinical manifes.	Paraclinic	Diagnostic app.	Therapeutic app.	Complication	Prevention	Observation	Collaboration	Independent
DISEASES																				
Posttraumatic wound infection	1	1	3	2	1	0	1	A2	B2	B2	C3	A2	A2	A2	A2	A2	B2	1	1	0
Traumatic shock	2	1	2	0	0	0	0	A2	B2	B2	B2	A2	A2	A2	A2	A2	B2	1	1	0
Hypothermia	1	1	3	2	1	0	1	A2	C3	C3	C3	A2	A2	A2	A2	A2	B2	0	0	0
Frostbite	1	1	2	0	0	0	0	A2	B2	B2	C2	A2	B2	A2	B2	B2	B2	0	0	0
Hyperthermia	2	1	2	0	0	0	0	B2	C2	C2	C2	B2	B2	B2	B2	B2	C2	0	0	0
Heat stroke	1	1	3	2	0	0	1	A2	B2	B2	B2	A2	B2	A2	A2	A2	B2	0	0	0
Dog bite	1	1	3	2	1	0	1	A2	B2	B2	B2	A2	A2	A2	A2	A2	B2	0	0	0
Snake bite	1	1	3	2	1	0	1	A2	B2	B2	B2	A2	A2	A2	A2	A2	B2	0	0	0
Scorpion bite	1	1	3	2	1	0	1	A2	B2	B2	B2	A2	A2	A2	A2	A2	B2	0	0	0
Near drowning	1	1	2	0	0	0	0	A2	B2	B2	B2	A2	B2	A2	A2	A2	B2	0	0	0
Effects of electric current	1	1	2	0	1	0	0	B2	C3	C2	C2	B2	B3	B3	B2	C3	B2	0	0	0
Postoperative infection	1	0	1	0	0	0	0	A2	B2	B2	B2	A2	A2	A2	C2	B2	B2	1	0	0

Malignant neoplasm of esophagus

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Malignant neoplasm of stomach

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Nice to know</i>
Pathophysiology	<i>Level two</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Nice to know</i>
Prevention	<i>Level two</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Malignant neoplasm of small intestine,

GP's Tasks in IRAN

Diagnosis	Diagnosis is not a GP's task.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level two</i>	<i>Nice to know</i>
Pathophysiology	<i>Level two</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Nice to know</i>
Paraclinic	<i>Level two</i>	<i>Nice to know</i>
Diagnostic approach	<i>Level two</i>	<i>Nice to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level four</i>	<i>No need to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Malignant neoplasm of colon

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening high risk people visited at office is a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Malignant neoplasm of rectum, rectosigmoid junction, and anus

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Nice to know</i>
Etiology	<i>Level two</i>	<i>Nice to know</i>
Pathophysiology	<i>Level two</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Malignant neoplasm of gallbladder and extrahepatic bile ducts

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level four</i>	<i>No need to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level four</i>	<i>Better to know</i>
Therapeutic approach	<i>Level four</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Malignant neoplasm of pancreas

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level four</i>	<i>No need to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level four</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level four</i>	<i>No need to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Malignant neoplasm of retroperitoneum and peritoneum

GP's Tasks in IRAN

Diagnosis	Diagnosis is not a GP's task.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Nice to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level four</i>	<i>No need to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level three</i>	<i>Nice to know</i>
Paraclinic	<i>Level four</i>	<i>No need to know</i>
Diagnostic approach	<i>Level four</i>	<i>No need to know</i>
Therapeutic approach	<i>Level four</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level four</i>	<i>No need to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Malignant neoplasm of thymus, heart, and mediastinum

GP's Tasks in IRAN

Diagnosis	Diagnosis is not a GP's task.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Nice to know</i>
Epidemiology	<i>Level three</i>	<i>No need to know</i>
Etiology	<i>Level three</i>	<i>No need to know</i>
Pathophysiology	<i>Level three</i>	<i>No need to know</i>
Clinical manifestation	<i>Level three</i>	<i>Nice to know</i>
Paraclinic	<i>Level three</i>	<i>Nice to know</i>
Diagnostic approach	<i>Level three</i>	<i>Nice to know</i>
Therapeutic approach	<i>Level three</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level three</i>	<i>No need to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Malignant neoplasm of connective tissue (sarcoma)

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level four</i>	<i>No need to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level four</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level four</i>	<i>No need to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Malignant neoplasm of female breast

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening high risk people visited at office is a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Must know</i>
Etiology	<i>Level two</i>	<i>Nice to know</i>
Pathophysiology	<i>Level two</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level two</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Malignant neoplasm of lung

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level two</i>	<i>Must know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Non Hodgkin's lymphoma

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>No need to know</i>
Pathophysiology	<i>Level three</i>	<i>No need to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	0

Malignant neoplasm of thyroid gland

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level three</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Malignant neoplasm of adrenal gland

GP's Tasks in IRAN

Diagnosis	Diagnosis is not a GP's task.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Nice to know</i>
Epidemiology	<i>Level three</i>	<i>No need to know</i>
Etiology	<i>Level three</i>	<i>No need to know</i>
Pathophysiology	<i>Level three</i>	<i>No need to know</i>
Clinical manifestation	<i>Level three</i>	<i>Nice to know</i>
Paraclinic	<i>Level three</i>	<i>Nice to know</i>
Diagnostic approach	<i>Level three</i>	<i>Nice to know</i>
Therapeutic approach	<i>Level four</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level four</i>	<i>No need to know</i>
Prevention	<i>Level three</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Benign neoplasm of esophagus

GP's Tasks in IRAN

Diagnosis	Diagnosis is not a GP's task.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Nice to know</i>
Paraclinic	<i>Level two</i>	<i>Nice to know</i>
Diagnostic approach	<i>Level three</i>	<i>Nice to know</i>
Therapeutic approach	<i>Level three</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level four</i>	<i>No need to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Benign neoplasm of Stomach

GP's Tasks in IRAN

Diagnosis	Diagnosis is not a GP's task.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level two</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Nice to know</i>
Paraclinic	<i>Level two</i>	<i>Nice to know</i>
Diagnostic approach	<i>Level three</i>	<i>Nice to know</i>
Therapeutic approach	<i>Level three</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level four</i>	<i>No need to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Benign neoplasm of duodenum, jejunum, and ileum

GP's Tasks in IRAN

Diagnosis	Diagnosis is not a GP's task.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Nice to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level four</i>	<i>No need to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level three</i>	<i>Nice to know</i>
Paraclinic	<i>Level four</i>	<i>No need to know</i>
Diagnostic approach	<i>Level four</i>	<i>No need to know</i>
Therapeutic approach	<i>Level three</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level four</i>	<i>No need to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Benign neoplasm of colon

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Nice to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Tumors of appendix

GP's Tasks in IRAN

Diagnosis	Diagnosis is not a GP's task.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level four</i>	<i>Nice to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level four</i>	<i>No need to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level two</i>	<i>Nice to know</i>
Paraclinic	<i>Level two</i>	<i>Nice to know</i>
Diagnostic approach	<i>Level two</i>	<i>Nice to know</i>
Therapeutic approach	<i>Level four</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level four</i>	<i>Nice to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Benign neoplasm of rectum and anal canal

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Benign neoplasm of liver and biliary passages

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>No need to know</i>
Pathophysiology	<i>Level three</i>	<i>No need to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level three</i>	<i>No need to know</i>
Prevention	<i>Level three</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Lipoma

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Advanced conclusive treatment is a GP's task.
Referral	The patient must be referred after primary or conclusive treatment, if complications occur.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level two</i>	<i>Must know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	2
Minimum required disease management under supervision of senior physician	2
Minimum required independent disease management:	1

Benign neoplasm of skin

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Advanced conclusive treatment is a GP's task.
Referral	The patient must be referred after primary or conclusive treatment, if complications occur.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level two</i>	<i>Must know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	2
Minimum required disease management under supervision of senior physician	2
Minimum required independent disease management:	1

Benign neoplasm of breast

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>No need to know</i>
Pathophysiology	<i>Level three</i>	<i>No need to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Nice to know</i>
Prevention	<i>Level two</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Hemangioma

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Lymphangioma

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level three</i>	<i>No need to know</i>
Pathophysiology	<i>Level three</i>	<i>No need to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level four</i>	<i>Better to know</i>
Diagnostic approach	<i>Level four</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level three</i>	<i>No need to know</i>
Prevention	<i>Level three</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Persistent hyperplasia of thymus

GP's Tasks in IRAN

Diagnosis	Diagnosis is not a GP's task.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Nice to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level four</i>	<i>No need to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level three</i>	<i>Nice to know</i>
Paraclinic	<i>Level four</i>	<i>No need to know</i>
Diagnostic approach	<i>Level four</i>	<i>No need to know</i>
Therapeutic approach	<i>Level four</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level four</i>	<i>No need to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Carcinoid syndrome

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>No need to know</i>
Etiology	<i>Level three</i>	<i>No need to know</i>
Pathophysiology	<i>Level three</i>	<i>No need to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Stenosis of carotid artery

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Nice to know</i>
Etiology	<i>Level two</i>	<i>Nice to know</i>
Pathophysiology	<i>Level two</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Aortic aneurysm

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>No need to know</i>
Pathophysiology	<i>Level three</i>	<i>No need to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level three</i>	<i>No need to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Dissection of aorta

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>No need to know</i>
Pathophysiology	<i>Level three</i>	<i>No need to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level three</i>	<i>No need to know</i>
Prevention	<i>Level three</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Arteriovenous fistula

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level three</i>	<i>No need to know</i>
Pathophysiology	<i>Level three</i>	<i>No need to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Nice to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Phlebitis and thrombophlebitis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on diagnosis.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level two</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Nice to know</i>
Prevention	<i>Level two</i>	<i>Must know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	1

Portal vein thrombosis

GP's Tasks in IRAN

Diagnosis	Diagnosis is not a GP's task.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Nice to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level three</i>	<i>No need to know</i>
Pathophysiology	<i>Level three</i>	<i>No need to know</i>
Clinical manifestation	<i>Level three</i>	<i>Nice to know</i>
Paraclinic	<i>Level three</i>	<i>Nice to know</i>
Diagnostic approach	<i>Level three</i>	<i>Nice to know</i>
Therapeutic approach	<i>Level four</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level four</i>	<i>No need to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Budd-chiari syndrome

GP's Tasks in IRAN

Diagnosis	Diagnosis is not a GP's task.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>No need to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level three</i>	<i>Nice to know</i>
Paraclinic	<i>Level three</i>	<i>Nice to know</i>
Diagnostic approach	<i>Level three</i>	<i>Nice to know</i>
Therapeutic approach	<i>Level three</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level three</i>	<i>No need to know</i>
Prevention	<i>Level three</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Varicose veins of lower extremities

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level two</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level two</i>	<i>Must know</i>
Prevention	<i>Level two</i>	<i>Must know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	2
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	1

Hemorrhoids

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level two</i>	<i>Must know</i>
Prevention	<i>Level two</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	2
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	1

Lymphangitis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Empyema

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Hemothorax

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Hydrothorax

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Pneumothorax

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after stabilization.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Abscess of lung

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Abscess of mediastinum

GP's Tasks in IRAN

Diagnosis	Diagnosis is not a GP's task.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>No need to know</i>
Etiology	<i>Level three</i>	<i>No need to know</i>
Pathophysiology	<i>Level three</i>	<i>No need to know</i>
Clinical manifestation	<i>Level three</i>	<i>Nice to know</i>
Paraclinic	<i>Level three</i>	<i>Nice to know</i>
Diagnostic approach	<i>Level three</i>	<i>Nice to know</i>
Therapeutic approach	<i>Level three</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level three</i>	<i>No need to know</i>
Prevention	<i>Level three</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Tracheostomy Complications

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Nice to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level four</i>	<i>No need to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level four</i>	<i>Better to know</i>
Diagnostic approach	<i>Level four</i>	<i>Better to know</i>
Therapeutic approach	<i>Level four</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level four</i>	<i>No need to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Mediastinitis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>No need to know</i>
Pathophysiology	<i>Level three</i>	<i>No need to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level three</i>	<i>No need to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Achalasia and cardiospasm

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Nice to know</i>
Pathophysiology	<i>Level two</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Nice to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Stricture and stenosis of esophagus

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level two</i>	<i>Nice to know</i>
Pathophysiology	<i>Level two</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Nice to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Acute appendicitis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Must know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level two</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	3
Minimum required disease management under supervision of senior physician	3
Minimum required independent disease management:	1

Inguinal hernia

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on diagnosis.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	2
Minimum required disease management under supervision of senior physician	2
Minimum required independent disease management:	1

Femoral hernia

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level four</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Umbilical hernia

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on diagnosis.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level three</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Vascular insufficiency of intestine

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>No need to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Intestinal obstruction

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after stabilization.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level two</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level three</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level two</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	2
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	1

Intussusception

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level two</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Intestinal or periotneal adhesions

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Diverticula of intestine

GP's Tasks in IRAN

Diagnosis	Diagnosis is not a GP's task.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>No need to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Nice to know</i>
Paraclinic	<i>Level three</i>	<i>Nice to know</i>
Diagnostic approach	<i>Level three</i>	<i>Nice to know</i>
Therapeutic approach	<i>Level three</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level three</i>	<i>No need to know</i>
Prevention	<i>Level three</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Anal fissure

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level two</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level two</i>	<i>Must know</i>
Prevention	<i>Level two</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	2
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	2

Anal fistula

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on diagnosis.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Nice to know</i>
Etiology	<i>Level two</i>	<i>Nice to know</i>
Pathophysiology	<i>Level two</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	0

Abscess of anal and rectal regions

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Nice to know</i>
Etiology	<i>Level two</i>	<i>Nice to know</i>
Pathophysiology	<i>Level two</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Peritonitis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level two</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level two</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	1

Abdominopelvic abscess

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level two</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Retroperitoneal abscess

GP's Tasks in IRAN

Diagnosis	Diagnosis is not a GP's task.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level two</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Nice to know</i>
Paraclinic	<i>Level two</i>	<i>Nice to know</i>
Diagnostic approach	<i>Level two</i>	<i>Nice to know</i>
Therapeutic approach	<i>Level three</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Anal and rectal polyp

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>No need to know</i>
Pathophysiology	<i>Level three</i>	<i>No need to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level two</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Rectal prolapse

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on diagnosis.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level four</i>	<i>Better to know</i>
Diagnostic approach	<i>Level four</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Proctitis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on diagnosis.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Abscess of liver

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>No need to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level four</i>	<i>No need to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Cholelithiasis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on diagnosis.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Nice to know</i>
Pathophysiology	<i>Level two</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Nice to know</i>
Prevention	<i>Level two</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	0

Acute cholecystitis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level two</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level two</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	2
Minimum required independent disease management:	0

Chronic cholecystitis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Cholangitis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Obstruction of bile duct

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level two</i>	<i>Nice to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	0

Acute pancreatitis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level one</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level two</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level one</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level one</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level two</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	0

Chronic pancreatitis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level two</i>	<i>Nice to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Cyst and pseudocyst of pancreas

GP's Tasks in IRAN

Diagnosis	Diagnosis is not a GP's task.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Nice to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level three</i>	<i>No need to know</i>
Pathophysiology	<i>Level three</i>	<i>No need to know</i>
Clinical manifestation	<i>Level three</i>	<i>Nice to know</i>
Paraclinic	<i>Level three</i>	<i>Nice to know</i>
Diagnostic approach	<i>Level three</i>	<i>Nice to know</i>
Therapeutic approach	<i>Level three</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level four</i>	<i>No need to know</i>
Prevention	<i>Level three</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Cyst of breast

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>No need to know</i>
Pathophysiology	<i>Level three</i>	<i>No need to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Abscess of breast

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Must know</i>
Diagnostic approach	<i>Level three</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level two</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	0

Pilonidal cyst

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on diagnosis.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>No need to know</i>
Pathophysiology	<i>Level three</i>	<i>No need to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	0

Ingrowing nail

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level two</i>	<i>Must know</i>
Prevention	<i>Level two</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	1

Cleft palate and cleft lip

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on diagnosis.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level three</i>	<i>No need to know</i>
Pathophysiology	<i>Level three</i>	<i>No need to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level four</i>	<i>Better to know</i>
Diagnostic approach	<i>Level four</i>	<i>Better to know</i>
Therapeutic approach	<i>Level four</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level four</i>	<i>No need to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Atresia of esophagus

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level four</i>	<i>No need to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level four</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Better to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Congenital esophageal ring

GP's Tasks in IRAN

Diagnosis	Diagnosis is not a GP's task.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Nice to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level four</i>	<i>No need to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level three</i>	<i>Nice to know</i>
Paraclinic	<i>Level four</i>	<i>No need to know</i>
Diagnostic approach	<i>Level four</i>	<i>No need to know</i>
Therapeutic approach	<i>Level four</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level four</i>	<i>No need to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Congenital hiatus hernia

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>No need to know</i>
Pathophysiology	<i>Level three</i>	<i>No need to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Nice to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Meckel's diverticulum

GP's Tasks in IRAN

Diagnosis	Diagnosis is not a GP's task.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level two</i>	<i>Nice to know</i>
Etiology	<i>Level four</i>	<i>No need to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level two</i>	<i>Nice to know</i>
Paraclinic	<i>Level three</i>	<i>Nice to know</i>
Diagnostic approach	<i>Level two</i>	<i>Nice to know</i>
Therapeutic approach	<i>Level four</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Nice to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Imperforate anus

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on diagnosis.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>No need to know</i>
Pathophysiology	<i>Level three</i>	<i>No need to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level four</i>	<i>Nice to know</i>
Diagnostic approach	<i>Level four</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Hirschsprung's disease

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>No need to know</i>
Pathophysiology	<i>Level three</i>	<i>No need to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Anomalies of pancreas

GP's Tasks in IRAN

Diagnosis	Diagnosis is not a GP's task.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Nice to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level four</i>	<i>No need to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level three</i>	<i>Nice to know</i>
Paraclinic	<i>Level three</i>	<i>Nice to know</i>
Diagnostic approach	<i>Level three</i>	<i>Nice to know</i>
Therapeutic approach	<i>Level three</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Anomalies of skull and face bones

GP's Tasks in IRAN

Diagnosis	Diagnosis is not a GP's task.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Nice to know</i>
Epidemiology	<i>Level three</i>	<i>No need to know</i>
Etiology	<i>Level four</i>	<i>No need to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level two</i>	<i>Nice to know</i>
Paraclinic	<i>Level three</i>	<i>No need to know</i>
Diagnostic approach	<i>Level three</i>	<i>No need to know</i>
Therapeutic approach	<i>Level three</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level three</i>	<i>No need to know</i>
Prevention	<i>Level three</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Congenital diaphragmatic hernia

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>No need to know</i>
Pathophysiology	<i>Level three</i>	<i>No need to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level four</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Mandible fracture

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on diagnosis.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level four</i>	<i>No need to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Better to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Malar and maxillary bones fracture

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on diagnosis.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level four</i>	<i>No need to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Fracture of rib(s)

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Better to know</i>
Clinical manifestation	<i>Level three</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Must know</i>
Diagnostic approach	<i>Level three</i>	<i>Must know</i>
Therapeutic approach	<i>Level three</i>	<i>Must know</i>
Complication-Prognosis	<i>Level three</i>	<i>Must know</i>
Prevention	<i>Level three</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	0

Dislocation of jaw

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Injury to heart

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after stabilization.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level four</i>	<i>No need to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Injury to lung

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after stabilization.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Nice to know</i>
Prevention	<i>Level two</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Injury to gastrointestinal tract

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>No need to know</i>
Pathophysiology	<i>Level three</i>	<i>No need to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level two</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Injury to liver

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>No need to know</i>
Pathophysiology	<i>Level three</i>	<i>No need to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Must know</i>
Prevention	<i>Level two</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Injury to spleen

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>No need to know</i>
Pathophysiology	<i>Level three</i>	<i>No need to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level two</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Injury to blood vessels of head and neck

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after stabilization.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level two</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Injury to blood vessels of abdomen and pelvis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level two</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level two</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Injury to blood vessels of upper extremity

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after stabilization.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Injury to blood vessels of lower extremity

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after stabilization.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Crush injury

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after stabilization.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level two</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level three</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level two</i>	<i>Must know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Minor burn

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Nice to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level two</i>	<i>Must know</i>
Prevention	<i>Level two</i>	<i>Must know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	0

Major burn

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after stabilization.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Nice to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level two</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Air embolism

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>No need to know</i>
Pathophysiology	<i>Level three</i>	<i>No need to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Nice to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Nice to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Fat embolism

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>No need to know</i>
Pathophysiology	<i>Level three</i>	<i>No need to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Nice to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Nice to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Posttraumatic wound infection

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level two</i>	<i>Must know</i>
Prevention	<i>Level two</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	0

Traumatic shock

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after stabilization.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level two</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level two</i>	<i>Must know</i>
Prevention	<i>Level two</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	0

Hypothermia

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level two</i>	<i>Must know</i>
Prevention	<i>Level two</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Frostbite

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after stabilization.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level two</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level two</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Hyperthermia

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after stabilization.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level two</i>	<i>Nice to know</i>
Etiology	<i>Level two</i>	<i>Nice to know</i>
Pathophysiology	<i>Level two</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level two</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Heat stroke

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level two</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level two</i>	<i>Must know</i>
Prevention	<i>Level two</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Dog bite

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level two</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level two</i>	<i>Must know</i>
Prevention	<i>Level two</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Snake bite

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level two</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level two</i>	<i>Must know</i>
Prevention	<i>Level two</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Scorpion bite

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level two</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level two</i>	<i>Must know</i>
Prevention	<i>Level two</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Near drowning

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after stabilization.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level two</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level two</i>	<i>Must know</i>
Prevention	<i>Level two</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Effects of electric current

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after stabilization.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level two</i>	<i>Nice to know</i>
Pathophysiology	<i>Level two</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level two</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Postoperative infection

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on diagnosis.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level two</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level two</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

UROLOGY

UROLOGY	General Practitioner Tasks							Theoretical Clinical Educational Needs										Practical Educational Needs		
	Diagnosis	Treatment	Referral	Follow up	Prevention	Screening	Patient Education	Definition	Epidemiology	Etiology	Pathophysiology	Clinical manifes.	Paraclinical	Diagnostic app.	Therapeutic app.	Complication	Prevention	Observation	Collaboration	Independent
DISEASES																				
Tuberculosis of genitourinary system	2	0	0	2	1	0	1	B2	C3	C3	C3	B2	B2	B2	C2	C3	A2	0	0	0
Early syphilis	2	1	3	1	1	1	1	A3	B3	C3	C3	A3	A3	A3	A2	B2	A3	0	0	0
Genital chancre	2	1	3	1	1	0	1	A2	B2	B2	B2	A2	A2	A2	B2	B2	A2	0	0	0
Gonococcal infections of lower genitourinary tract	2	2	4	1	1	0	1	A2	B2	B2	B2	A2	A2	A2	B2	B3	B3	1	0	0
Gonococcal infections of upper genitourinary tract	2	0	0	0	1	0	0	A3	B3	C3	C3	A3	A3	B2	C2	B2	B2	0	0	0
Hypoactive sexual desire disorders	1	0	1	0	0	0	0	A3	C3	C3	B3	B3	B3	B3	C2	C2	D2	0	0	0
Female sexual arousal & male erectile disorder	1	0	1	0	0	0	0	A3	C3	C3	B3	B3	B3	B3	C2	C2	D2	1	0	0
Female and male orgasmic disorder	1	0	1	0	0	0	0	A3	C3	C3	B3	B3	B3	B3	C2	C2	D2	1	0	0
Premature ejaculation	1	1	3	2	0	0	2	A3	C3	C3	B3	B3	B3	B3	B3	C2	D2	1	0	0
Schistosomiasis [bilharziasis]	2	0	0	0	0	0	0	B2	C2	C2	C3	B2	B2	B2	D3	C3	C3	0	0	0
Trichomoniasis	2	2	4	2	1	0	1	A3	B2	C2	C3	A3	A3	A3	A3	B2	B2	0	0	0
Malignant neoplasm of prostate	2	0	0	0	0	0	0	A3	B3	C3	C3	A2	A2	B2	D4	C3	D4	1	0	0
Malignant neoplasm of testis	1	0	0	0	0	0	0	B3	C3	D4	D4	B2	B3	B2	D3	C3	D3	0	0	0

	General Practitioner Tasks							Theoretical Clinical Educational Needs										Practical Educational Needs		
	Diagnosis	Treatment	Referral	Follow up	Prevention	Screening	Patient Education	Definition	Epidemiology	Etiology	Pathophysiology	Clinical manifes.	Paraclinic	Diagnostic app.	Therapeutic app.	Complication	Prevention	Observation	Collaboration	Independent
UROLOGY																				
<i>DISEASES</i>																				
Malignant neoplasm of penis	1	0	0	0	0	0	0	B2	C3	D3	D3	B3	B3	B3	D4	D4	C3	0	0	0
Malignant neoplasm of bladder	2	0	0	0	0	0	0	B2	C2	D4	D4	B2	B2	B2	D3	D3	D3	0	0	0
Malignant neoplasm of kidney	2	0	0	0	0	0	0	A2	B3	D3	D3	A2	A2	B2	D4	B3	D4	0	0	0
Benign neoplasm of prostate	2	0	1	0	0	0	0	A3	B2	C3	C3	A3	B3	B2	C3	B3	D4	1	1	0
Benign neoplasm of kidney	2	0	0	0	0	0	0	B3	C3	D3	D3	B3	B3	B3	D3	C3	D3	0	0	0
Testicular dysfunction	1	0	0	0	0	0	0	A3	B3	B3	B3	A3	B3	B3	C3	D4	D4	0	0	0
Acute pyelonephritis	2	1	3	2	0	0	1	A2	B2	B2	B2	A2	A2	A2	A2	A2	B2	1	1	1
Calculus of kidney	2	0	1	0	0	0	0	A3	B2	B3	B3	A3	A3	A3	C3	B2	B2	0	0	0
Cyst of kidney	2	0	1	0	0	0	0	B3	C3	C3	D4	B3	B3	B3	D4	C3	D4	0	0	0
Vesicoureteral reflux	2	0	0	0	0	0	0	A2	B2	B3	B3	A2	A2	B2	C3	B2	B2	1	1	0
Calculus of ureter and bladder	2	1	3	1	0	0	1	A2	B2	C2	C2	A2	A2	A2	B2	B2	B2	1	1	1
Cystitis	2	2	4	1	0	0	1	A3	B3	B3	B3	A2	A2	A2	A2	B2	B3	1	1	1
Urethritis	2	2	4	1	1	0	1	A3	B3	B3	C3	A2	A3	A3	B3	B3	C3	1	1	1

	General Practitioner Tasks							Theoretical Clinical Educational Needs										Practical Educational Needs		
	Diagnosis	Treatment	Referral	Follow up	Prevention	Screening	Patient Education	Definition	Epidemiology	Etiology	Pathophysiology	Clinical manifes.	Paraclinic	Diagnostic app.	Therapeutic app.	Complication	Prevention	Observation	Collaboration	Independent
UROLOGY																				
DISEASES																				
Urethral stricture	1	0	0	0	0	0	0	B3	C3	C3	D3	B3	B3	B3	D3	C3	C3	0	0	0
Urethral fistula	1	0	0	0	0	0	0	B2	C3	C3	D3	B3	B3	B3	D4	D4	D4	0	0	0
Benign prostatic hyperplasia	2	1	3	2	0	0	1	A3	A3	B3	B3	A3	A3	A3	A2	A3	C3	1	1	1
Acute prostatitis	2	1	3	2	0	0	1	A3	B3	B3	C3	A3	A3	A3	A3	B3	C3	0	0	0
Chronic prostatitis	0	0	0	0	0	0	0	B2	C3	C3	D3	C2	C3	C3	C3	B3	C3	0	0	0
Hydrocele	1	0	1	0	0	0	0	A3	C3	C3	C3	A3	B3	B3	C3	C3	D4	0	0	0
Orchitis and epididymitis	2	2	4	2	1	0	1	A2	B2	B2	C2	A2	A2	A2	A2	A3	B2	1	1	1
Phimosis	1	1	3	1	0	0	1	A3	C3	D3	D3	A3	B4	B4	A3	B3	D4	0	0	0
Male infertility	2	0	1	0	0	0	0	A3	C3	B3	C3	A3	B3	A3	D3	D3	D3	1	1	0
Priapism	1	0	1	0	0	0	0	B3	D4	C3	C3	B3	B4	B3	C3	B3	D3	0	0	0
Spermatocele	2	0	0	0	0	0	0	B3	C3	D3	D3	B3	B3	B3	D3	C3	D3	0	0	0
Torsion of testis	1	0	0	0	0	0	0	A2	B2	C3	C3	A2	A2	A2	C2	B2	C2	0	0	0
Cystocele	1	0	1	0	0	0	0	B3	C3	D3	D3	B3	B3	B3	D3	D3	C4	0	0	0

	General Practitioner Tasks							Theoretical Clinical Educational Needs									Practical Educational Needs			
UROLOGY	Diagnosis	Treatment	Referral	Follow up	Prevention	Screening	Patient Education	Definition	Epidemiology	Etiology	Pathophysiology	Clinical manifes.	Paraclinic	Diagnostic app.	Therapeutic app.	Complication	Prevention	Observation	Collaboration	Independent
DISEASES																				
Stress incontinence	1	0	0	0	0	0	0	A2	B3	B3	B3	A2	B2	A2	C2	B3	C2	1	0	0
Undescended testis	1	0	0	0	0	0	0	B2	C3	C3	C3	B2	B2	B2	C3	C3	D3	1	1	0
Retractile testis	2	1	3	2	0	0	1	A3	B3	B3	B3	A3	A3	A3	B3	B3	B3	1	0	0
Hypospadias	1	0	1	0	0	0	1	B2	C3	D4	D4	B2	C4	B4	D3	C2	D4	0	0	0
Epispadias	1	0	1	0	0	0	1	B2	C3	D4	D4	B2	C4	B4	D3	C2	D4	0	0	0
Indeterminate sex and pseudohermaphroditism	1	0	0	0	0	0	0	B3	C3	D3	D3	B3	B3	B3	D3	C3	D3	0	0	0
Renal agenesis and dysgenesis	0	0	0	0	0	0	0	B2	C3	D3	D3	C3	C3	C3	D3	C3	D4	0	0	0
Cystic kidney disease	2	0	0	0	0	0	0	B2	C2	D3	D3	B2	B2	B2	D3	B2	D3	0	0	0
Polycystic kidney disease	2	0	0	2	0	0	1	B2	C3	C3	C3	B2	B2	B2	C2	C2	D3	0	0	0
Medullary cystic kidney	2	0	0	2	0	0	1	B2	C3	C3	C3	B2	B2	B2	C2	C2	D3	0	0	0
Medullary sponge kidney	2	0	0	2	0	0	1	B2	C3	C3	C3	B2	B2	B2	C2	C2	D3	0	0	0
Congenital hydrocele	1	0	0	0	0	0	0	B3	D4	D4	D4	B3	B4	B4	D4	D4	D4	0	0	0
Injury to kidney	2	0	0	0	0	0	0	A2	B2	C2	C2	A2	A2	A2	C2	B2	C2	0	0	0

		General Practitioner Tasks						Theoretical Clinical Educational Needs										Practical Educational Needs			
UROLOGY		Diagnosis	Treatment	Referral	Follow up	Prevention	Screening	Patient Education	Definition	Epidemiology	Etiology	Pathophysiology	Clinical manifes.	Paraclinic	Diagnostic app.	Therapeutic app.	Complication	Prevention	Observation	Collaboration	Independent
DISEASES																					
Injury to urethra		1	0	0	0	0	0	0	A2	B2	C2	C2	A2	A2	A2	C2	A2	C2	0	0	0
Injury to bladder		1	0	0	0	0	0	0	A2	B2	C2	C2	A2	A2	A2	C2	A2	C2	0	0	0
Open wound of external genital organs		1	1	3	1	0	0	1	A2	C3	D3	D3	A2	B2	B2	B3	C3	D3	0	0	0
Open wound of penis		1	1	2	0	0	0	0	B3	C3	D3	D3	B3	B3	B3	B3	C3	C3	0	0	0
Open wound of scrotum and testes		1	1	2	0	0	0	0	B3	C3	D3	D3	B3	B3	B3	B3	C3	C3	0	0	0
Injury to renal artery		1	0	0	0	0	0	0	B2	C3	D3	D3	B2	B3	B3	D3	C3	D3	0	0	0
Injury to renal vein		1	0	0	0	0	0	0	B2	C3	D3	D3	B2	B3	B3	D3	C3	D3	0	0	0
Crushing injury of external genitalia		1	1	2	0	0	0	0	B2	C3	C2	D4	B2	B3	B3	B2	C2	D3	0	0	0
Foreign body in genitourinary tract		2	0	0	0	0	0	0	B2	C3	D3	D3	B2	B2	B2	C2	C2	C2	0	0	0

Tuberculosis of genitourinary system

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level two</i>	<i>Must know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Early syphilis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening high risk people visited at office is a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>must know</i>
Epidemiology	<i>Level three</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Must know</i>
Diagnostic approach	<i>Level three</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level three</i>	<i>Must know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Genital chancre

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level two</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level two</i>	<i>Must know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Gonococcal infections of lower genitourinary tract

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Advanced conclusive treatment is a GP's task.
Referral	The patient must be referred after primary or conclusive treatment, if complications occur.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level two</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Better to know</i>
Prevention	<i>Level three</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Gonococcal infections of upper genitourinary tract

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level two</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Hypoactive sexual desire disorders

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on diagnosis.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Better to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Nice to know</i>
Prevention	<i>Level two</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Female sexual arousal & male erectile disorder

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on diagnosis.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Better to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Nice to know</i>
Prevention	<i>Level two</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Female and male orgasmic disorder

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on diagnosis.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Better to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Nice to know</i>
Prevention	<i>Level two</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Premature ejaculation

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	In addition to general information, patient needs to learn a skill practically.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Better to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Nice to know</i>
Prevention	<i>Level two</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Schistosomiasis (bilharziasis)

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level two</i>	<i>Nice to know</i>
Etiology	<i>Level two</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Trichomoniasis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Advanced conclusive treatment is a GP's task.
Referral	The patient must be referred after primary or conclusive treatment, if complications occur.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Must know</i>
Diagnostic approach	<i>Level three</i>	<i>Must know</i>
Therapeutic approach	<i>Level three</i>	<i>Must know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level two</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Malignant neoplasm of prostate

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level four</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Malignant neoplasm of testis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level four</i>	<i>No need to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Malignant neoplasm of penis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>No need to know</i>
Pathophysiology	<i>Level three</i>	<i>No need to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level four</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level four</i>	<i>No need to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Malignant neoplasm of bladder

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level two</i>	<i>Nice to know</i>
Etiology	<i>Level four</i>	<i>No need to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level three</i>	<i>No need to know</i>
Prevention	<i>Level three</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Malignant neoplasm of kidney

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>No need to know</i>
Pathophysiology	<i>Level three</i>	<i>No need to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level four</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Better to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Benign neoplasm of prostate

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on diagnosis.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Better to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	0

Benign neoplasm of kidney

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>No need to know</i>
Pathophysiology	<i>Level three</i>	<i>No need to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Testicular dysfunction

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Better to know</i>
Clinical manifestation	<i>Level three</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level four</i>	<i>No need to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Acute pyelonephritis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level two</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level two</i>	<i>Must know</i>
Prevention	<i>Level two</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	1

Calculus of kidney

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on diagnosis.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Better to know</i>
Clinical manifestation	<i>Level three</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Must know</i>
Diagnostic approach	<i>Level three</i>	<i>Must know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level two</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Cyst of kidney

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on diagnosis.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level four</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Vesicoureteral reflux

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level two</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	0

Calculus of ureter and bladder

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Nice to know</i>
Pathophysiology	<i>Level two</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level two</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	1

Cystitis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Advanced conclusive treatment is a GP's task.
Referral	The patient must be referred after primary or conclusive treatment, if complications occur.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level three</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	1

Urethritis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Advanced conclusive treatment is a GP's task.
Referral	The patient must be referred after primary or conclusive treatment, if complications occur.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Must know</i>
Diagnostic approach	<i>Level three</i>	<i>Must know</i>
Therapeutic approach	<i>Level three</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Better to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	1

Urethral stricture

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>No need to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Urethral fistula

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>No need to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level four</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level four</i>	<i>No need to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Benign prostatic hyperplasia

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Must know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Better to know</i>
Clinical manifestation	<i>Level three</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Must know</i>
Diagnostic approach	<i>Level three</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level three</i>	<i>Must know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	1

Acute prostatitis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Must know</i>
Diagnostic approach	<i>Level three</i>	<i>Must know</i>
Therapeutic approach	<i>Level three</i>	<i>Must know</i>
Complication-Prognosis	<i>Level three</i>	<i>Better to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Chronic prostatitis

GP's Tasks in IRAN

Diagnosis	Diagnosis is not a GP's task.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>No need to know</i>
Clinical manifestation	<i>Level two</i>	<i>Nice to know</i>
Paraclinic	<i>Level three</i>	<i>Nice to know</i>
Diagnostic approach	<i>Level three</i>	<i>Nice to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Better to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Hydrocele

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on diagnosis.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Orchitis and epididymitis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Advanced conclusive treatment is a GP's task.
Referral	The patient must be referred after primary or conclusive treatment, if complications occur.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is a GP's task by health education and avoiding pathogenic factors and situation.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Better to know</i>
Pathophysiology	<i>Level two</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Must know</i>
Complication-Prognosis	<i>Level three</i>	<i>Must know</i>
Prevention	<i>Level two</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	1

Phimosis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>No need to know</i>
Pathophysiology	<i>Level three</i>	<i>No need to know</i>
Clinical manifestation	<i>Level three</i>	<i>Must know</i>
Paraclinic	<i>Level four</i>	<i>Better to know</i>
Diagnostic approach	<i>Level four</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Must know</i>
Complication-Prognosis	<i>Level three</i>	<i>Better to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Male infertility

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on diagnosis.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Must know</i>
Therapeutic approach	<i>Level three</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level three</i>	<i>No need to know</i>
Prevention	<i>Level three</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	0

Priapism

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on diagnosis.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level four</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Better to know</i>
Prevention	<i>Level three</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Spermatocele

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>No need to know</i>
Pathophysiology	<i>Level three</i>	<i>No need to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Torsion of testis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level two</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Cystocele

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on diagnosis.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>No need to know</i>
Pathophysiology	<i>Level three</i>	<i>No need to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level three</i>	<i>No need to know</i>
Prevention	<i>Level four</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Stress incontinence

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Better to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Better to know</i>
Prevention	<i>Level two</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Undescended testis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	1
Minimum required independent disease management:	0

Retractile testis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Better to know</i>
Etiology	<i>Level three</i>	<i>Better to know</i>
Pathophysiology	<i>Level three</i>	<i>Better to know</i>
Clinical manifestation	<i>Level three</i>	<i>Must know</i>
Paraclinic	<i>Level three</i>	<i>Must know</i>
Diagnostic approach	<i>Level three</i>	<i>Must know</i>
Therapeutic approach	<i>Level three</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Better to know</i>
Prevention	<i>Level three</i>	<i>Better to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	1
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Hypospadias

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on diagnosis.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level four</i>	<i>No need to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level four</i>	<i>Nice to know</i>
Diagnostic approach	<i>Level four</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Nice to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Epispadias

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on diagnosis.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level four</i>	<i>No need to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level four</i>	<i>Nice to know</i>
Diagnostic approach	<i>Level four</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Nice to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Indeterminate sex and pseudohermaphroditism

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>No need to know</i>
Pathophysiology	<i>Level three</i>	<i>No need to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Renal agenesis and dysgenesis

GP's Tasks in IRAN

Diagnosis	Diagnosis is not a GP's task.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>No need to know</i>
Pathophysiology	<i>Level three</i>	<i>No need to know</i>
Clinical manifestation	<i>Level three</i>	<i>Nice to know</i>
Paraclinic	<i>Level three</i>	<i>Nice to know</i>
Diagnostic approach	<i>Level three</i>	<i>Nice to know</i>
Therapeutic approach	<i>Level three</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Cystic kidney disease

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level two</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>No need to know</i>
Pathophysiology	<i>Level three</i>	<i>No need to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level three</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Polycystic kidney disease

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Medullary cystic kidney

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Medullary sponge kidney

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	The patient must be visited in certain intervals for follow up or re-prescription.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>Nice to know</i>
Pathophysiology	<i>Level three</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Congenital hydrocele

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level four</i>	<i>No need to know</i>
Etiology	<i>Level four</i>	<i>No need to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level four</i>	<i>Better to know</i>
Diagnostic approach	<i>Level four</i>	<i>Better to know</i>
Therapeutic approach	<i>Level four</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level four</i>	<i>No need to know</i>
Prevention	<i>Level four</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Injury to kidney

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Nice to know</i>
Pathophysiology	<i>Level two</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Better to know</i>
Prevention	<i>Level two</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Injury to urethra

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Nice to know</i>
Pathophysiology	<i>Level two</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Must know</i>
Prevention	<i>Level two</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Injury to bladder

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level two</i>	<i>Better to know</i>
Etiology	<i>Level two</i>	<i>Nice to know</i>
Pathophysiology	<i>Level two</i>	<i>Nice to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Must know</i>
Diagnostic approach	<i>Level two</i>	<i>Must know</i>
Therapeutic approach	<i>Level two</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Must know</i>
Prevention	<i>Level two</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Open wound of external genital organs

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after primary treatment for more advanced treatment.
Follow up	The patient must be visited again if there is no improvement in the condition or in case of exacerbation or complication.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is limited to share general information on the condition, drug use and their adverse effects.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Must know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>No need to know</i>
Pathophysiology	<i>Level three</i>	<i>No need to know</i>
Clinical manifestation	<i>Level two</i>	<i>Must know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Open wound of penis

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after stabilization.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>No need to know</i>
Pathophysiology	<i>Level three</i>	<i>No need to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Open wound of scrotum and testes

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after stabilization.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level three</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>No need to know</i>
Pathophysiology	<i>Level three</i>	<i>No need to know</i>
Clinical manifestation	<i>Level three</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Injury to renal artery

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>No need to know</i>
Pathophysiology	<i>Level three</i>	<i>No need to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Injury to renal vein

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>No need to know</i>
Pathophysiology	<i>Level three</i>	<i>No need to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level three</i>	<i>No need to know</i>
Complication-Prognosis	<i>Level three</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Crushing injury of external genitalia

GP's Tasks in IRAN

Diagnosis	Diagnostic activities are limited to history taking and physical examination.
Treatment	Primary treatment including symptomatic treatment is a GP's task.
Referral	The patient must be referred after stabilization.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level two</i>	<i>Nice to know</i>
Pathophysiology	<i>Level four</i>	<i>No need to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level three</i>	<i>Better to know</i>
Diagnostic approach	<i>Level three</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Better to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Nice to know</i>
Prevention	<i>Level three</i>	<i>No need to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0

Foreign body in genitourinary tract

GP's Tasks in IRAN

Diagnosis	Diagnostic activities include simple, non-invasive paraclinical assessment.
Treatment	Treatment is not a GP's task.
Referral	The patient must be referred on suspicion.
Follow up	Follow up is not a GP's task.
Prevention	Prevention is not possible or is not a GP's task.
Screening	Screening is not a GP's task.
Patient education	Patient education is not a GP's task.

GP's Theoretical Clinical Educational Needs in IRAN

	LEVEL	PRIORITY
Definition	<i>Level two</i>	<i>Better to know</i>
Epidemiology	<i>Level three</i>	<i>Nice to know</i>
Etiology	<i>Level three</i>	<i>No need to know</i>
Pathophysiology	<i>Level three</i>	<i>No need to know</i>
Clinical manifestation	<i>Level two</i>	<i>Better to know</i>
Paraclinic	<i>Level two</i>	<i>Better to know</i>
Diagnostic approach	<i>Level two</i>	<i>Better to know</i>
Therapeutic approach	<i>Level two</i>	<i>Nice to know</i>
Complication-Prognosis	<i>Level two</i>	<i>Nice to know</i>
Prevention	<i>Level two</i>	<i>Nice to know</i>

GP's Practical Clinical Educational Needs in IRAN

Minimum required disease observation:	0
Minimum required disease management under supervision of senior physician	0
Minimum required independent disease management:	0