

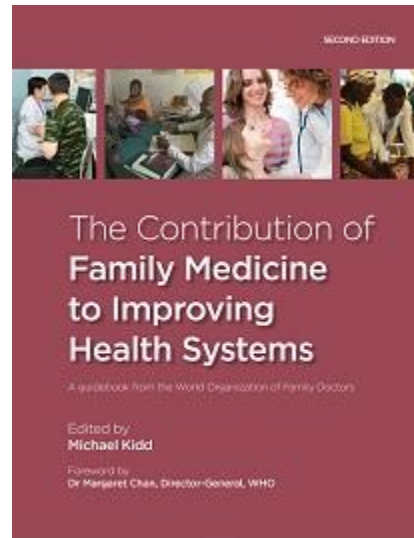
How to organize a medical education program to get successful future GPs?



topic introduced by
Tuomas Koskela, GP, PhD
Pekka Honkanen GP, Professor

Literature

The contribution of family medicine to improving health systems
- A guidebook from the World Organization of Family Doctors (ed. Michael Kidd)



Some facts, which we all know

'GP works in community setting, provides first contact diagnostics and care , takes cares of lots of patients and patients with multiple health problems at the same time'

'GP cannot be succesful without surrounding team and knowing how the health care system works'

What is family medicine education and training?

- To learn competencies, skills, attitudes, not only knowledge
- Provided in a real life practice based setting
- Includes the 8 core principles of family medicine (access of first contact care, comprehensiveness, continuity, coordination, prevention etc.)

Why is family medicine education different from other types of medical education?

Includes the 8 core principles of family medicine

- Access of first contact care
- Comprehensiveness
- Continuity
- Coordination
- Prevention
- Family orientation
- Community orientation
- Patient-centeredness

How should family medicine education and training be implemented?

- 1) Building infrastructure
- 2) Developing specific teaching programmes
- 3) Evaluating providers and programmes

Building infrastructure

- The programme have to be beneficial for local communities and health systems -
>more likely to get respect and support
- Set learning objectives and goals
- Select best teaching methods and educational experiences to accomplish goals
- Criteria for evaluation, feedback and certification
- Build relationships regionally, nationally and internationally and with other specialities and disciplines
- Recruit teachers, staff, trainees and patients
- Educate teachers!
- Secure funding!
- Organize teaching sites

Developing specific teaching programmes for specialization programmes

- Should be fit to fill local needs
- Based on gathered information (from EHR, epidemiological data, GP's duties, interprofessional teamwork, community health etc.)
- Goals of competencies to be learned based on this data
- Core contents (care of children, care of elderly patient, community medicine) formed in curriculum
- Teaching centers and other sites (real life setting, also possibility to teach interprofessional teamwork and make research in these sites)
- Continuity of relationship between trainer and trainee

Enhancing the skills of educators

- Educational goals
- Assessing learner's needs
- Appropriate teaching methods
- Use of evaluation tools
- Presentations skills
- Knows and applies core competencies of family medicine

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Learner and program evaluation

- Summative and formative evaluation of the learners
- Learners should evaluate the programmes on regular basis

What about education/training in the Nordic Countries?

Task

Reflect your own experiences and the ideas of this presentation few minutes with a person next to you

- What is already good in education in your country (basic medical education and specialization)?
- What could be improved?

Medical education to a be specialist in general practice in Finland

- 6 years of medical school
- 6 years specialization programme
(1-2 years service at hospital posts)

What is already good in education in Finland?

- Undergraduate PBL education in primary care settings
- Family medicine integrated in basic curriculum longitudinally
- Communication skills education already during undergraduate studies
- Core principles of Family Medicine included in the specialization programme
- More and more trainers trained

What could be improved?

- Quality of clinical clerkships during undergraduate studies varies
- Competence of trainers varies
- Lack of assessment and evaluation
- Only summative literal final exam to a be specialist
- Personal supervision/mentoring and training sessions not enough during specialization period
- No requirements for CME
- No re-certification system for GPs

What next?

- Should we continue this 'medical education' process?
- How?

One more thing....

- In a real life setting is it possible for a GP to utilise all the core competencies of general practice in his/her daily work?