

Title: Revitalizing a novel residency program in family medicine

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The context and setting: The dual track residency program in Family Medicine at the Philippine General Hospital, University of the Philippines Manila was the first of its kind in the country. The program started in 1999 and is composed of a 3-year residency training and 1-year postgraduate degree in Family Medicine. It was designed to provide graduates with career options to become specialist practitioners, researchers, educators and public administrators.

Why the idea or change was necessary: By the end of 2004, four trainees had graduated and they are now leaders contributing to the development of family medicine in their respective areas. However, there are 9 more from the original trainees admitted who have not finished the program. This very high attrition rate prompted the department to suspend admission of new trainees in 2005. There is a need to review and revitalize the training program to obtain its optimum potential.

What was done: Following the first three steps of Research and Development (R&D) design¹, a small scale research study using a web-based survey was sent to the 13 original trainees. The survey asked the respondents to share their experiences about the implementation of the program and enumerate all enabling and inhibiting factors that contributed to their performance. A document review was also done to identify program goals, intended curriculum, problems in the implementation, and the corresponding process and actions taken to solve them. Then the intended and actual programs were analyzed. Based on the identified deficiencies in the comparison, the appropriate curricular components were added and methodologies were changed using results obtained from review of relevant literature and consensus survey among experts and leaders in the Department.

Evaluation of results or impact: Trainees reported that the program had redundant curricular contents, activities and requirements. They found the coverage of concepts, principles and theories in family medicine in the postgraduate classes interspersed with actual clinical experiences in the Philippine General Hospital redundant and sometimes inconsistent. Within the first 3 years of residency, these trainees take formal postgraduate courses and render service in the out-patient, emergency room, and service wards. Additional problems reported were lack of adequate faculty supervision and time constraints in completing the requirements in the postgraduate program including completion of the required thesis within the allowed period. The changes made in response to these findings revitalized the residency training and was designed to become vertically and horizontally integrated and competency-based. The general features used as the connecting threads for the revitalization were: (1) application of the core values and principles of family medicine to clinical practice, teaching, research and management; (2) development of a resource library for instructional purposes that contain not just sample clinical cases and articles but also templates of teaching-learning activities and assessment instruments and (3) training of consultants and clinical supervisors who implement the program. With this new framework, the prospective faculty implementing the program in 2009 agreed that this program can facilitate graduation of trainees and is more relevant in meeting the intended program goals.

¹ Borg W, Gall M. Educational research. New York: Longman Inc.; 1988. p 781-803