

Title: Pathway to establish system of teaching family medicine in an institution without a department of family medicine

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What problem was addressed: Teaching family medicine in the undergraduate curriculum in a country without an established practice of family medicine is a necessity but with significant constraints. It is a necessity because majority of our graduates and even specialists will become first contact doctors that demand competencies of a family physician and there is no referral system. Units of family practice designed after western models entirely for the purpose of teaching do not fit in to the reality of the current practice. The challenges are that there is no system of family practice, scarcity of teachers in family medicine and the difficulty in orientating specialist teachers to teach family medicine.

What was tried: We established a Family Medicine Unit. Over 20 hours of undergraduate teaching and assessment was dedicated to topics in family medicine; family medicine competencies, communication, patient centeredness, empathy, professionalism, managerial skills, advocacy, being a good doctor and narrative writing. The final year curriculum was reviewed to incorporate competencies and one out of six essay questions in the final year examination was dedicated to family medicine. Teaching material to facilitate teaching communication skills was developed

Faculty development was initiated by lectures, seminars, journal clubs and workshops related to family medicine. Involving in developing a postgraduate course in family medicine created learning opportunities for teachers. Workshop sponsored by WHO to evaluate and document the current teaching practices related to family medicine created an opportunity to enhance awareness. Communication became a popular topic in national and regional conferences. However teaching and assessments of doctor-patient communication lacked consensus. Three teachers were trained to teach communication in Cambridge, UK and for sustainability a training programme was developed through collaboration with the European Association for Communication in Health (EACH).

Formative as well as summative assessment of family medicine competencies was initiated, creating an opportunity for programme evaluation based on student performance. Baseline patient practitioner orientation scale (PPOS) results of our faculty were comparable with other medical faculties in the country. The evaluation of the patient centeredness in the education environment by using Culture Curriculum and Communication (C3) instrument revealed similarity with another medical faculty having a family medicine unit. Developing methods of evaluating collaborative skills among medical students was initiated.

What lessons were learned: Resistance to curricular change required patience, persistence, relying on alternative options. Developing collaborative teams and expanding the focus towards more appealing topics like communication helped to gain attention and corporation from a wider group of faculty members. What is achieved in a short period of time is

satisfying but doubts of sustainability remain due to lack of institutionalization. However, interest shown by many professional bodies is encouraging.

Reference:

Mudiyanse RM. Need to teach family medicine concepts even before establishing such practice in a country. *Asia Pacific Family Medicine*. 2014;13:1.