UNDERGRADUATE EDUCATION IN FAMILY MEDICINE

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INTRODUCTION

Family Medicine was first introduced into the medical undergraduate curriculum in the National University of Singapore (NUS) as an academic subject in 1987. The Department of Community, Occupational & Family Medicine (COFM) was given the responsibility to teach the subject. Since its introduction in 1987 it has been taught in Years 2-3 of the MBBS curriculum as part of the COFM course. An assessment of the students' knowledge in Family Medicine is incorporated into the 2nd Professional Part II MBBS Examinations, held at the end of the third year, as part of the Examination in COFM.

Beginning of the academic year 2001/2002, students will be exposed to a new MBBS curriculum where there will be a greater emphasis on family medicine teaching and learning. Also, the subject will be taught in Year 4 of the MBBS curriculum instead.

EXISTING CURRICULUM IN NUS

The existing Family Medicine undergraduate curriculum content consists of:

- A lecture module on Family Medicine (6 lectures)
- Tutorial sessions in Family Medicine (3 tutorials)
- A one-week posting to the General Practices
- A one-week posting to the Polyclinics.

In addition, topics related to Family Medicine are also taught in the following modules, namely:

- Health, Illness and Behaviour
- Communication with Patients
- Primary Health Care
- Community Medicine Case Studies
- Applied Nutrition
- Health Education.

MEDICAL CURRICULUM REVISION

The MBBS curriculum in NUS has been revised in line with the recommendations of the General Medical Council's document Tomorrow's Doctors. The revised curriculum was introduced in 1998.

Essentially, the new curriculum will have a core curriculum that all doctors should know well; reduction of information overload; and encouragement for problem based learning and discovery learning and teaching.

Two of the GMC's 14 principal recommendations are of particular relevance to Family Medicine. They are:

- Recommendation 10 which states "Clinical teaching should adapt to changing patterns in health care and should provide experience of primary care and community medical services as well as hospital based services" and;
- Recommendation 9 which states that "The theme of public health medicine should figure prominently in the curriculum, encompassing health promotion and illness prevention, assessment and targeting of population needs, and awareness of environmental and social factors in disease".

NEW CURRICULUM

The road map of the new curriculum shown in Fig 1 summarises the learning programme in Family Medicine.

What is new?

The following are the main improvements that will be introduced into the undergraduate family medicine curriculum for 2001/2002 compared to the existing curriculum:

- Extension of clinical experiential learning – 2-week GP posting, 2-week Polyclinic posting, day

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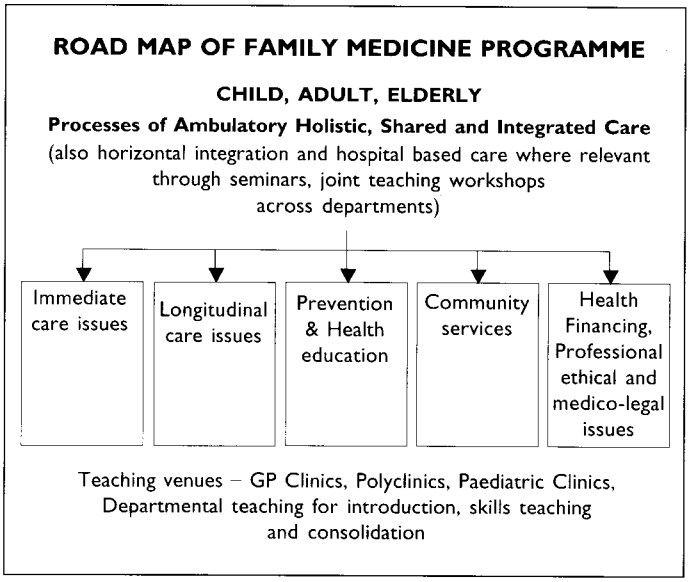

Fig 1. The Family Medicine Curriculum

with the Paediatrician, day in the corporate practice

- Focus on skills acquisition – (a) general consultation skills, (b) counseling on modification of adverse health habits done in departmental setting, (c) practice of family medicine in the context of the child, adult, and the elderly
- Cross disciplinary integration and consolidation of learning – through workshops, study assignments, case studies and presentations
- Practice based research options through the Undergraduate Research Opportunities Programme (UROP).

The organization of the four week posting

The class of 240 students will be taught in three batches of approximately 80 students per batch. In the GP setting, the students will be posted in pairs to a GP and in the Polyclinic posting a clinical group (7-9 students) will be posted to one polyclinic. There will also be a day's attachment to

- a corporate practice
- a paediatrician.

Teaching at the GP clinic and Polyclinic

The curriculum will emphasize the following aspects of family medicine principles and practice:

- The provision of primary, personal, continuing and comprehensive care of individuals, family & community care
- The wide disease patterns and stages of disease. seen in primary care – disease, early disease, chronic disease, and terminal disease
- Consultation and counselling tasks and skills that need to be mastered
- The scope of care – acute care, emergency care and housecalls, continuing and comprehensive care and terminal care – in the context of the child, adult, and elderly
- Health promotion, disease prevention and chronic disease care
- The recognition that comfort may be all that we can give to the suffering patient – we need to recognize our ability is "to cure sometimes, to relieve often, but to comfort always"
- The family doctor's special roles of co-ordination of care, shared care and step-down care where he or she needs to work with other health care providers
- The teaching and learning of practice management, health laws, medical ethics and professionalism
- General integrative learning and people handling skills required of each doctor irrespective of eventful career paths.

Department teaching

The departmental teaching sessions are aimed at giving the students a headstart on what skills are needed and also consolidate the learning of the previous week.

Week 1 – focus on symptoms and acute care

- General briefing

- Skills teaching – general consultation skills (role play)
- Skills teaching – making a difference in chronic disease care – patient educational strategies in the clinic; behavioural modification strategies; affective and social support (role play).

Week 2 – focus on population specific care and chronic conditions
- Feedback on week 1
- Presentation of case studies and assignments – women's health
- Presentation of case studies and assignments – corporate health care, domiciliary care.

Week 3 – focus on MCH, chronic problems and elderly
- Feedback on week 2
- Presentation of lessons learnt – consultation issues (difficult patient, problems of living, sick leave)
- Skills teaching – consultation skills in paediatrics (role play).

Week 4 – focus on paediatric care
- Feedback on week 3
- Presentation of case studies and assignments – paediatric problems
- Workshop of case studies on pediatric problems – continuing care issues.

Day in the corporate practice

Learning areas
- Communication skills in dealing with demands of various categories of staff
- In-house staff clinic and factory clinics – how are these run
- Common health problems of office staff
- Office calls, ship calls
- Corporate and workplace wellness programmes.

Day with the paediatrician

This is seen to be necessary because many paediatric patients see the paediatrician as a primary care doctor.

Learning areas
- Screening of well babies
- Immunisation
- Examination skills – the fretful child
- Communication skills – giving instructions to monitor and observe progress
- Common childhood illnesses – URTI, asthma, skin
- Assessment of the sick child – empirical treatment, investigation, and referral
- Pediatric drugs and dosages
- Administration of suppositories, taking temperature.

CONCLUDING REMARKS

The undergraduate teaching goal in Family Medicine is educational. Vocational training is deferred to the postgraduate period. Family Medicine has the unique tasks of teaching all medical students the importance of recognizing that the patient has physical, social and psychological dimensions of health and illness; that each is an individual, has a family and lives in a community; the importance of discovering the patient's reason for encounter; and the importance of knowing the patients' ideas, concerns and expectations towards his medical complaints. Attention to these aspects are essential if one is to address the patients' real and perceived problems satisfactorily. These learning areas will be the unique contribution of Family Medicine to the learning agenda of the medical undergraduate student.