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5 – The Role of Family Medicine in Undergraduate Medical Education

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Introduction

General practice / family medicine (GP/FM) is defined as “an academic and scientific discipline, with its own educational content, research, evidence base and clinical activity, and a clinical speciality orientated to primary care”. Although primary care is widely perceived to be the backbone of a rational health services system, medical education is widely based on disciplines other than family medicine. There is a discrepancy between the place of practice of medical graduates and the place where medical education is based: despite nearly 60% of the medical graduates being employed there, only less than 10% of the training happens in primary care facilities (Figure 1).

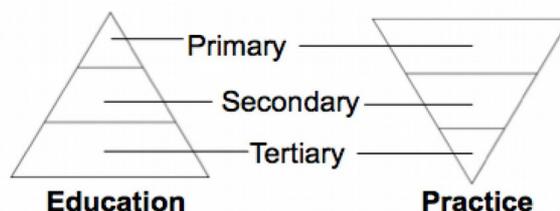


Figure 1: The mismatch in the balance between education and practice platforms.

Aim

The aim of this paper is to describe the potential contribution of family medicine/general practice to undergraduate medical education (UME).

The Past: During the early days of the discipline, it was discussed and suggested that family medicine should contribute to UME. However, it was not an easy task. There were even arguments that general practice is not 'scientific'. In Turkey, we had to wait more than another 20 years to see family medicine engaged in UME: in 2001 there were only seven actively lecturing family practice departments throughout 47 medical faculties (15%). That same year, Trakya University commenced UME of class one medical students with objectives such as “to teach the principles of primary healthcare, and basic procedures used in medical practice”.

The Present: Over time, the contribution of family medicine to UME increased significantly. The discipline improved in all areas including service provision, management, research, and educational content. Today, almost 90% of European universities have GP/FM curriculum, the duration of clinical rotations ranging from 1

to 12 weeks. In Turkey 55/83 medical schools (66%) have a GP/FM curriculum.

Some of the authors of this article joined a one-day workshop (http://www.ktu.edu.tr/dosyalar/17_02_15_769b1.pdf) where participants presented a literature review on the curricula of different schools. A summary of the suggested family medicine content was presented at the end of the workshop. As a result, the authors suggested family medicine should be taught during all three years of the pre-clinical phase in the six-year medical education as well as throughout the internship period (Table 1).

Table 1. Topics suggested to teach for undergraduate medical education.

Lecture name	Topics
Basics of family medicine 1	<ol style="list-style-type: none"> 1. Clinical case presentation 1 2. Primary care medicine 1 3. Internationalization 4. Continuous professional development 5. Time management 6. The effects of family on health 7. The family life cycle 8. Genograms 1 9. Quality in health care 10. Basic quality improvement tools 11. Observation of hospital departments 12. Effective communication and body language 1 13. Definition and basic features of family medicine 14. Oral health 1 15. Humanities in medicine 16. Science philosophy
Basics of family medicine 2	<ol style="list-style-type: none"> 1. Primary care medicine 2 2. Morbidity patterns in family medicine 3. Genograms 2 4. Clinical case presentation 2 5. Contextual care 6. Comprehensive care 7. Continuous care 8. Coordination of care 9. Access to care 10. Effective communication and body language 2 11. Patient empowerment 12. Patient adherence 13. Medical malpractice 1 14. Home accidents 15. Professionalism 16. Behavioural change 1 17. First contact with the hospitalized patient
Clinical family medicine	<ol style="list-style-type: none"> 1. The biopsychosocial approach 2. Consultation and referral 3. Effective communication and body language 3 4. Patient education 5. Behavioural change 3

	<ol style="list-style-type: none"> 6. Adolescent health 7. Care of the elderly 8. Simulation of common health problems 9. Health life styles counselling 1 10. Breaking bad news 11. Periodic health care 12. Periodic health care guidelines 13. Integrative medicine 1 14. Domestic violence 15. Pre-conceptional care 16. Pregnancy follow up in family practice 17. Healthy child follow up in family practice 18. Social responsibility projects 19. Care of the disabled person 20. Equity in health care 21. Patient interview and clinical examination
Family practice application	<ol style="list-style-type: none"> 1. Medical records 2. Medical malpractice 2 3. Legal responsibilities of the health personnel 4. Forensic medicine services in family practice 5. Sick leave in family practice 6. Low prevalence medicine 7. Evidence based medicine 8. Coding in medicine 9. Health life styles counselling 2 10. Integrative medicine 2 11. Management of co-morbid conditions 12. Polypharmacy 13. Medical literature review and guidelines 14. Laboratory use in family practice 15. Obesity follow up 16. Home visits and home care 17. Pregnancy follow up in family practice 18. Rational prescription 19. ECG reading in family practice 20. Direct chest X-rays in family practice 21. Oral health 2 22. Rural medicine 23. Family practice in extraordinary conditions and disaster medicine 24. Payment systems, insurance organizations and family practice 25. Community oriented family practice 26. Community based medical education 27. Duties of family physicians and family practice management

Conclusion

UME curriculum should be composed of topics predominantly related to primary and thus preventive health care services. However, it takes time for this fact to become a reality in its application within the UME. Over the last 40 years, there has been an extended gap in the discipline, and the recent developments and improvements are

