



# Family Medicine Exposure in an Undergraduate Medical Curriculum

## The Impact on Patient-Centred Care



Poompong Sripa, M.D.

7<sup>th</sup> Prince Mahidol Award Youth Program Scholar

Visiting researcher at Department of Primary Care and Public Health, Imperial College London

Junior doctor at Department of Community Medicine, Khon Kaen University

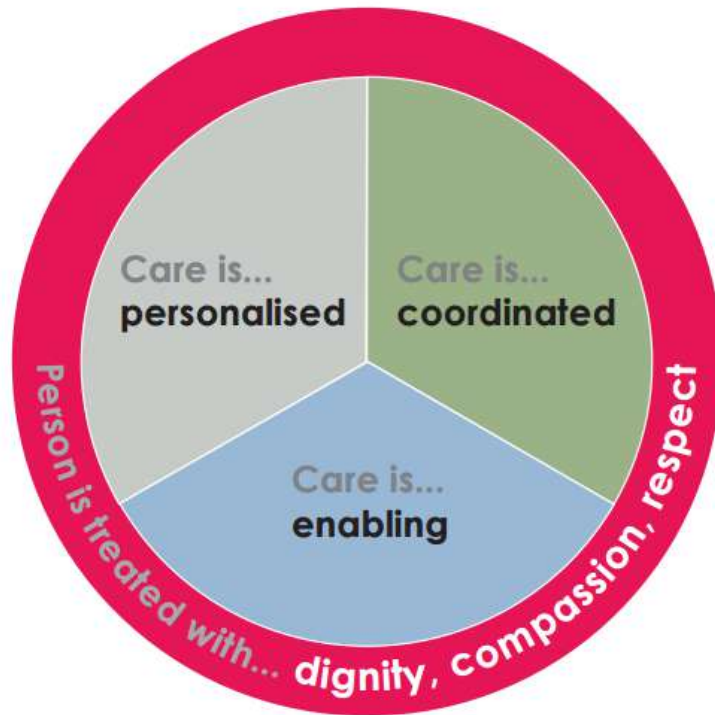


## Outline

- Background
- Family medicine exposure in an undergraduate curriculum
  - Early clinical years
  - Later clinical years
- Impact on medical students
  - Patient-centred care
- A comparison between the UK and Thailand
- The challenges of family medicine exposure and its implementation into the curriculum
- Conclusion
- Q&A



## Background



### Four principles of person-centred care by the Health Foundation<sup>1</sup>:

1. *Dignity, compassion and respect.*
2. *Coordinated care, support or treatment.*
3. *Personalised care.*
4. *Supporting people to recognise and develop their own strengths and abilities to enable them to live an independent and fulfilling life.*



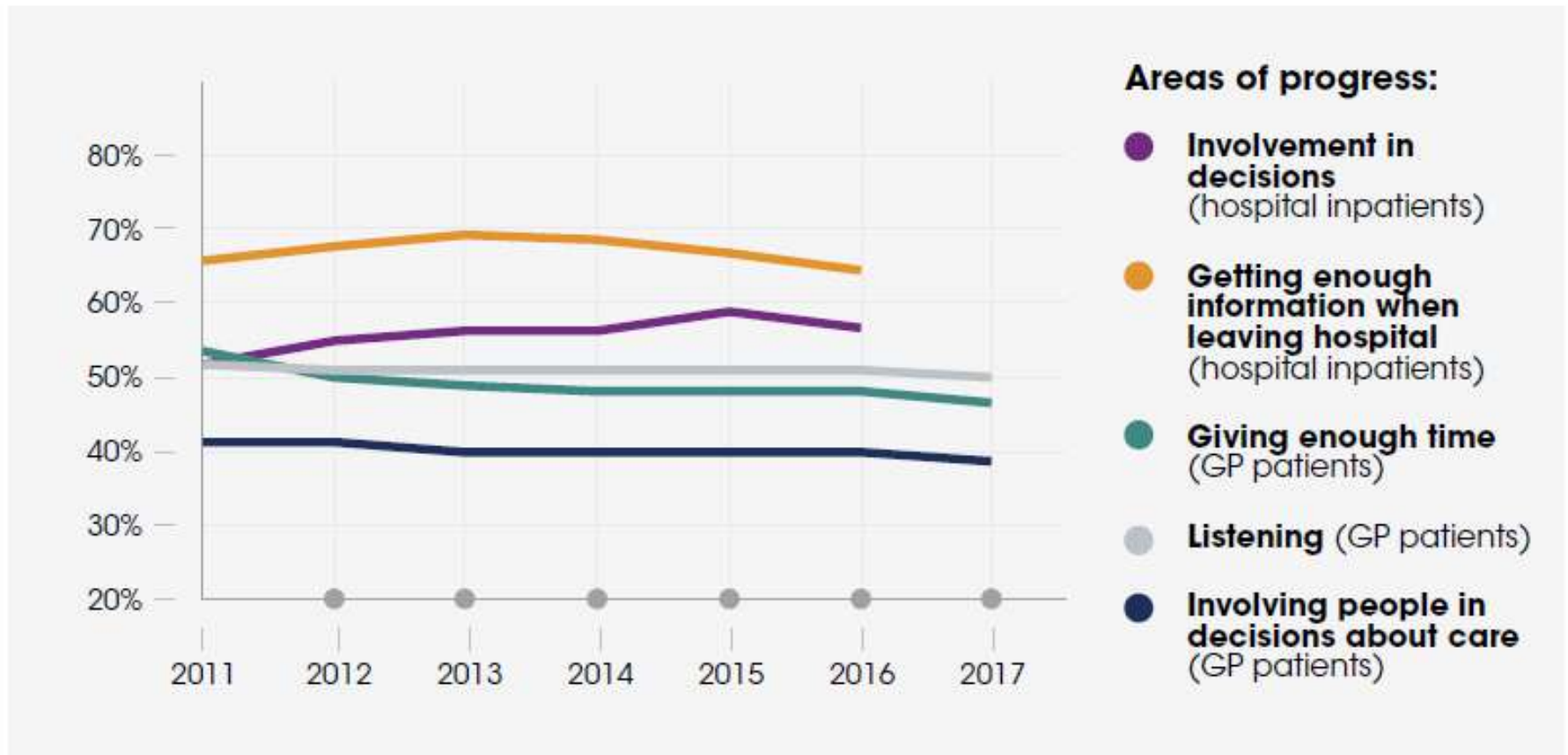
## Patient-centred care

There is a simply understandable narrative for a definition of a patient-centred care:

*“I can plan my care with people who work together to understand me and my carer(s), allow me control, and bring together services to achieve the outcomes important to me.” (National Voices 2013)*



## Why does it matter?





## Why does it matter?



76%

76% of inpatients who had an operation or procedure said that what would happen was 'completely' explained.



3%

Only 3% of people with a long-term condition said they had a written care plan.



87%

87% of general practice patients said their GP was good at listening to them.



78% of cancer patients were definitely as involved as much as they wanted to be in decisions about their treatment.



46% of inpatients said they did not get enough further support to recover or manage their condition after leaving hospital.



64%

64% rise in delayed transfers out of hospital in last five years.





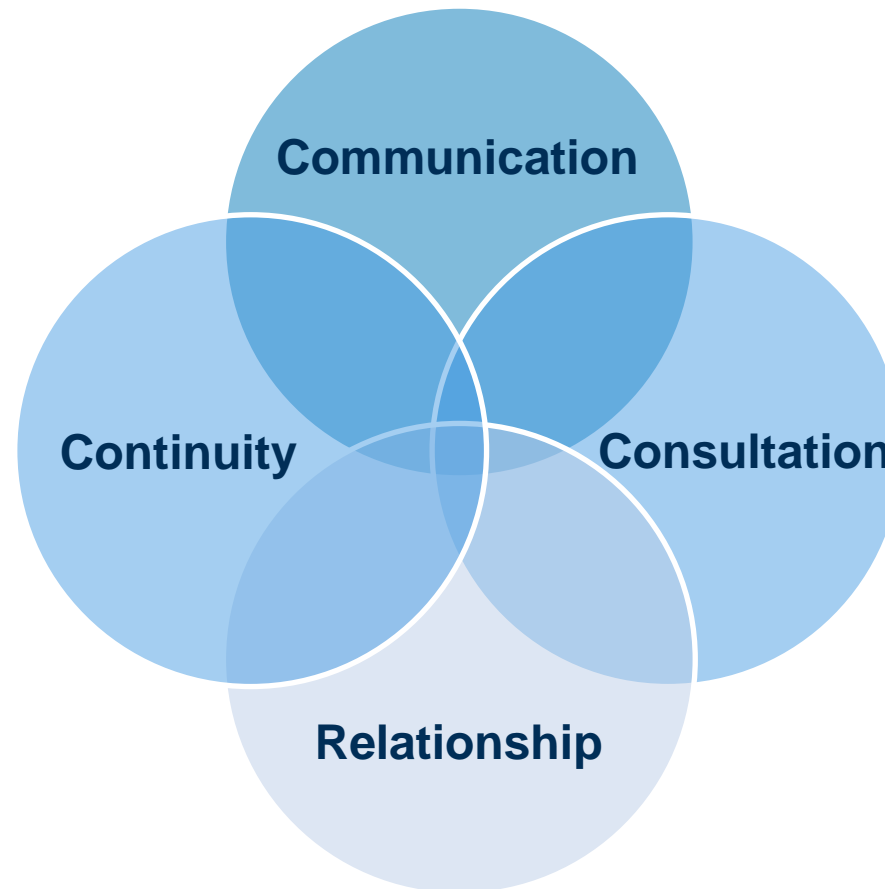
## Why Family Medicine?

- Family medicine (FM) is defined as an academic and scientific discipline with its own educational content, evidence-based clinical activity, and clinical speciality orientated to primary care.





## Why Family Medicine - PCC?







## Why undergraduate ?

- Students' medical career decision-making is described as a **dynamic and multifactorial process**.
- The contents of undergraduate curricula as well as medical school characteristics have significant impact on students' future career choices<sup>1</sup>.

Medical Teacher

ISSN: 0142-159X (Print) 1466-187X (Online) Journal homepage: <http://www.tandfonline.com/doi/umte20>

**Dynamics of career choice among students in undergraduate medical courses. A BEME systematic review: BEME Guide No. 33**

Sophie J. Querido, David Vergouw, Lode Wigersma, Ronald S. Batenburg, Marlies E. J. De Rond & Olle T. J. Ten Cate

To cite this article: Sophie J. Querido, David Vergouw, Lode Wigersma, Ronald S. Batenburg, Marlies E. J. De Rond & Olle T. J. Ten Cate (2016) Dynamics of career choice among students in undergraduate medical courses. A BEME systematic review: BEME Guide No. 33, Medical Teacher, 38:1, 18-29, DOI: [10.3109/0142159X.2015.1074990](https://doi.org/10.3109/0142159X.2015.1074990)

To link to this article: <http://dx.doi.org/10.3109/0142159X.2015.1074990>

View supplementary material Published online: 15 Sep 2015.

Submit your article to this journal Article views: 793

View related articles View Crossmark data

Citing articles: 2 View citing articles



## Impact of UG in general practice

**Table 2: Summary of benefits of undergraduate study in UK general practice.**  
(Adapted from BEME no.26)

Outcomes	Cognition	Emotion	Behaviour
<b>Educator</b>	Learning new facts, gain knowledge through teaching	Sense of reward, anxiety, exposure	Developing and teaching consultation skills
<b>Patient</b>	Increased understanding of disease, treatment and prognosis	Altruism, sense of reward, confidence, anxiety	Understanding about disease framework and language
<b>Student</b>	Disease-based knowledge, understanding about social contexts of health, reflective practice	Empathy, self-awareness	Developing history taking, examination and consultation skills

Imperial College  
London



Family Medicine Exposure in an Undergraduate Medical  
Curriculum: The Impact on Patient-Centred Care  
7<sup>th</sup> February 2018

# Family Medicine Exposure

In the undergraduate curriculum  
**In the UK**



## FM exposure in the UG curriculum in the UK

- Following the GMC publication, Tomorrow's Doctors in 2009<sup>1</sup>, UK medical students have more opportunities to learn medicine in general practice in both early and later clinical years<sup>2-4</sup>.
- Medical students learn core general practice medicine including aspects of other speciality subjects such as obstetrics and paediatrics.
- Students not only benefit from medical knowledge and professionalism in primary care but are significantly more inclined to enter to general practice training after completion of their foundation years<sup>5-6</sup>.

1. General Medical Council. Tomorrow's Doctors [Internet]. 2009.

2. Park S, Khan NF, Hampshire M, Knox R, Malpass A, Thomas J, et al. A BEME systematic review of UK undergraduate medical education in the general practice setting: BEME Guide No. 32. Med. Teach. 2015;37:611–30.

3. Major SC, Booton P. Involvement of General Practice (Family Medicine) in Undergraduate Medical Education in the United Kingdom. J. Ambulatory Care Manage. 2008;31:269–75.

4. Lee SWW, Clement N, Tang N, Atiomo W. The current provision of community-based teaching in UK medical schools: an online survey and systematic review. BMJ Open. 2014;4:e005696.

5. Lee SWW, Clement N, Tang N, Atiomo W. The current provision of community-based teaching in UK medical schools: an online survey and systematic review. BMJ Open. 2014;4:e005696.

6. Martin O. Holistic General Practice: A Student's Perspective. Lond. J. Prim. Care. 2015;7:109–11.



# Based on my experience ....





## How do they study?

An example from Imperial College London

### Early clinical years

- First Clinical Attachment
- Second Clinical Attachment
  - Personal and Professional Development

### Later clinical years

- Clinical attachment
- GP and Primary health care (3 weeks)
- Integrated Dermatology GP Course (3 weeks)
- Integrated Clinical Apprenticeship
- GP rotation
- Elective





## Early clinical years

### First Clinical Attachment (FCA)

- 1st year medical students – in pairs.
- A number of repeated visits to see a patient in their home and community.
- Develop a relationship and practice communication skills.
- Holistic approach and patient-centredness.





## Early clinical years

### The Second Clinical Attachment

- 2<sup>nd</sup> year medical students
- Follow the patient journey from admission until discharge and to experience the clinical atmosphere first-hand.
- Experience in an assigned hospital
- Before and after the attachment, students are provided with tutorials in Personal and Professional Development.





## Student voices

**Communication**  
**Professionalism**

**Reality**  
**Attitudes**  
**Management**  
**Correlation**  
**Patient-centred**  
**Responsibility**  
**Experience**  
**Maturity**

**Care**  
**Creativity**



## Medical student perspectives<sup>1</sup>

- “I feel that earlier exposure to general practice for all medical students, with an emphasis on independent consultations with patients and designated teaching time, is needed.”
- “A better understanding of the work that GPs do at earlier stages of our medical career would be beneficial in realising the pivotal and diverse role they have in primary care.”
- “In addition, understanding difficulties GPs face on a daily basis of reassuring patients whilst still ensuring appropriate hospital referrals may prevent negativity in secondary care. Many medical schools have implemented earlier general practice attachments in the first 2 years for this reason.”



## Later clinical years





## Primary care exposure in later clinical years

### Year 3

Ten-week clinical  
attachment

### Year 5

General Practice and  
Primary Health Care

Integrated dermatology  
GP

Longitudinal Integrated  
Clerkship

### Year 6

Three-week clinical  
attachment in general  
practice

(Elective)





## GP & PHC

- 3 weeks
- GP surgery/ sessions

### ***For example***

- *Consultation skill class*
  - Communication skills and integrated clinical assessment.



### **Pros:**

- Personalised teaching method
- Safe
- This class can simulate real situation for general practice consultation

### **Cons:**

- Burden for the faculty
- Finance



# Integrated dermatology GP

## Three week rotation

- Consultation at GP by GP dermatologist
- Faculty sessions

## For example

- Arts class
- Live from consultation session

## Pros

- Patient-centred approach
- Active learning
- Simulated consultation
- Practical knowledge for a general practice career.

## Cons

- Teaching resource consumption



# Integrated Clinical Apprenticeship (ICA)

- 3 terms / 24 cohort students
- **Longitudinal Integrated Clerkship**
- GP placement every Thursday morning
  - See patients from a caseload generated from the practice list.
  - Practice as an apprentice clinician.
  - Home visit
- Tutorial and debrief session every Thursday afternoon
  - ICA tutorial
    - Discuss about his or her patient visit which is done in the morning.
    - Topics from each specialties.



## ICA

### Pros

- Students can develop their own care plans for their patients.
- Students have seen patient's perspectives apart from a clinic visit.
- Students learn how to be a real doctor and know how to do a patient-centred approach.
- Students can integrate their medical knowledge in order to conduct a proper practice.

### Cons

- A burden for local GPs
- Time management
- Distance
- Financial reasons





## Aims





## Patient-centred care

- According to the students' feedbacks, they seem to have more insight in patient-centredness.
- In **early clinical years**, they learn how to holistically approach the patient and their family.
  - It is not only personalised and coordinated care for a patient but also family care.
- In **later clinical years**, students learn how to provide a comprehensive and personalised consultation, collaborate with other health professionals and ensure that patient's feeling has been concerned.





## A comparison between Thailand and the UK

- Based on the comparison of primary care exposure between the UK and Thailand, Thai medical students relatively have less primary care exposed-sessions than UK medical students.
- UK medical students tend to have earlier primary care exposure in medical schools than Thai students.
- Approximately one-third of UK doctors who were accepted for speciality training are appointed to FP training programmes.
- About three percent of Thai doctors who were accepted for speciality training round one are appointed to FM residency programmes.



## Summary of family medicine exposure during the undergraduate curricula.

	Imperial College London	Khon Kaen University	Ramathibodi Hospital
Family medicine modules in early years	<p><b>Emphases</b></p> <ul style="list-style-type: none"> <li>• Person-centredness</li> <li>• Early clinical exposure in a community setting</li> <li>• Communication skills</li> <li>• Resilience</li> </ul> <p><b>Year 1</b></p> <ul style="list-style-type: none"> <li>• First Clinical Attachment</li> </ul> <p><b>Year 2</b></p> <ul style="list-style-type: none"> <li>• Second Clinical Attachment</li> </ul>	<p><b>Emphases</b></p> <ul style="list-style-type: none"> <li>• Extracurricular community and hospital exposure activities</li> <li>• Lecture-based learning</li> </ul> <p><b>Year 3</b></p> <ul style="list-style-type: none"> <li>• Community Medicine and Family Medicine (CMFM) module</li> <li>• CMFM module 2</li> </ul>	<p><b>Emphases</b></p> <ul style="list-style-type: none"> <li>• Extracurricular community and hospital exposure activities</li> </ul> <p><b>Year 3</b></p> <ul style="list-style-type: none"> <li>• Introduction to Clinical Medicine (holistic care session)</li> <li>• Community Medicine (Community placement)</li> </ul>



	Imperial College London	Khon Kaen University	Ramathibodi Hospital
<p><b>Family medicine modules in later clinical years</b></p>	<p><b>Emphases</b></p> <ul style="list-style-type: none"> <li>• General practice integration</li> <li>• Person-centredness</li> </ul>	<p><b>Emphases</b></p> <ul style="list-style-type: none"> <li>• Hospital-based and specialist-based education</li> </ul>	<p><b>Emphases</b></p> <ul style="list-style-type: none"> <li>• General practice integration</li> <li>• hospital-based and specialist-based education</li> <li>• Person-centredness</li> </ul>
	<p><b>Year 3</b></p> <ul style="list-style-type: none"> <li>• Ten-week clinical attachment</li> </ul>	<p><b>Year 4</b></p> <ul style="list-style-type: none"> <li>• Four-week CMFM module 3</li> </ul>	<p><b>Year 4</b></p> <ul style="list-style-type: none"> <li>• Person-centredness</li> </ul>
	<p><b>Year 5</b></p> <ul style="list-style-type: none"> <li>• General Practice and Primary Health Care module including dermatology and paediatric</li> <li>• Longitudinal Integrated Clerkship (pilot)</li> </ul>	<p><b>Year 5</b></p> <ul style="list-style-type: none"> <li>• Four-week CMFM module 4</li> </ul>	<p><b>Year 4</b></p> <ul style="list-style-type: none"> <li>• Twenty-week Primary care medicine module 1 (Longitudinal curriculum)</li> </ul>
	<p><b>Year 6</b></p> <ul style="list-style-type: none"> <li>• Three-week clinical attachment in general practice</li> </ul>		<p><b>Year 5</b></p> <ul style="list-style-type: none"> <li>• Four-week Primary care medicine module 2</li> </ul> <p><b>Year 6</b></p> <ul style="list-style-type: none"> <li>• Four-week clinical placement in district hospitals</li> </ul>



## Challenges

- How medical schools can allocate more time to FM and what the most efficient teaching activities would be for FM exposure considering costs and resources.
- No specific courses and methods to teach patient-centred care approaches .
- Small number of family medicine educators.
- Unawareness of family medicine and patient-centredness.
- Lack of government and faculty support.



## Suggestions

There are some effective teaching approaches which have been used in the SEA context.

- Early exposure to Family Medicine.
- Collaboration between family medicine and other specialities.
- A spiral curriculum.
- Positive role model and faculty.
- An outreach placement in the community.
- Interprofessional education.
- The mentoring system



## Conclusion

- Patient-centred care is generally defined as holistic, individualising and empowering care. It is a core element of family medicine.
- It is believed that the earlier that medical students are exposed to primary care, the more the students appreciate family medicine, and perhaps become more patient-centred.
- The teaching methods for patient-centredness (especially in a primary care setting) are varied.
- Although the impact of family medicine exposure in an undergraduate curriculum on more GPs is still unclear, the evidence shows that the students become more familiar with GPs and keep the idea of patient-centredness in mind.





## Thank you

Thank you for the opportunities and support I have received from

- Prince Mahidol Award Youth Program and its committees.
- Dr Isaraporn Thepwongsa, my Thai mentor.
- Prof. Azeem Majeed, my mentor.
- Dr Elizabeth Muir and my colleagues at Imperial College London.
- All my friends in Thailand and the UK.
- My family.

**Imperial College  
London**



**Family Medicine Exposure in an Undergraduate Medical  
Curriculum: The Impact on Patient-Centred Care**

**Thank you for your attention**

---