



CONTINUING EDUCATION OF FAMILY PHYSICIANS AS QUALITY ASSURANCE OF PRIMARY HEALTH CARE

M.Z. Narimanyan, A.G. Margaryan*

Chair of Family Medicine, Yerevan State Medical University after M. Heratsi

Abstract

A Family Physician deals with a broader range of patients and problems than any other medical specialist does. The responsibility of a family physician requires that he develops and maintains the knowledge, skills, and attitude necessary for his job. In order to be able to carry out his/her job at a satisfactory level, doctors need to be trained according to special programs. Therefore, a new curriculum was developed aimed at training practitioners capable to fulfill the planned roles of a family doctor. During the retraining course, doctors are improving their ability to evaluate and manage common acute ambulatory patient's conditions, follow clinical guidelines on chronic disease management, efficiently assess and treat patients in an office setting and implement the principles of evidence-based medicine.

Keywords: Primary Health Care, Reforms in Primary Health Care, Professional Development, Curriculum in Family Medicine

Introduction

In the international context, Family Medicine is a complex specialization in health care, which is based on principles of Primary Health Care (PHC). PHC is considered the "first" contact followed up with the continuous, comprehensive, and coordinated care provided to population irrespective of gender, disease, or organ system. The first contact involves assessment of both accessibility of a provider or facility and the extent, to which the population actually uses the services, when a need for them is initially perceived. The first-contact feature of primary care implies that patients do not visit another specialist without the recommendation from their primary-care practitioner. Comprehensiveness requires the primary care provider to offer a range of services broad enough to meet all common health-related needs in the population. At least among western industrialized nations, a primary-care orientation of a country's health service system is associated

with lower costs of care, higher satisfaction of the population with its health services, better health levels, and lower medication use [Atun R., 2004; Busse R., 2000; Engels Y. et al., 2005; Starfield B., 1994].

In Armenia PHC reforms started in 1996. The first step was done, when Family Medicine was considered a working model for the reforms in PHC. At the same time as a part of Health Care system reorganization in Armenia, in the frames of the World Bank financial support two Chairs of Family Medicine were organized at both institutions responsible for higher and Professional Medical Education in Republic of Armenia (RA): at the Yerevan State Medical University (YSMU) and at the Armenian National Institute of Health (NIH). Two years later due to the joint activity of two Chairs, the statement of a "Family Physician" and his Job Description were endorsed by the Ministry of Health (MOH) RA. In 1999, the residency and retraining for family physicians from Yerevan and different marzes (regions) of RA started at both institutions.

Address for correspondence: Chair of Family Medicine, YSMU, # 2 Koryun Str., Yerevan 0025, Armenia
Tel: (+3741 0) 581794, E-mail: an_margaryan@yahoo.com

Family Medicine is a specialty aimed at satisfying the health needs of patients, the family, and the community. Family physician deals with a broader range of patients and problems than any other medical specialist. Family physicians provide the “first” medical care for all categories of patients; moreover, they provide care that is continuous over time. The most common reason patients come to family physicians is for healthy person medical examinations. These include “routine” physical, prenatal care, well child examinations, well adult examinations, and visits for administrative purposes such as to fill out a form for work or school. The majority of office visits are for medical conditions [*Essentials of family medicine, 1998; Lee Ph., 1994*]. The family physician’s responsibility requires that he develops and maintains the knowledge, skills, and attitude necessary for his job. In order to be able to carry out his/her job at a satisfactory level, the doctors need to be trained according to special programs [*Continuing Prof. Dev., 2002; Engels Y. et al., 2005; Belokrinitskii D.V., 2001; Maaros H., 2001*].

The first years of PHC reforms in Armenia had shown that the two institutions, YSMU and NIH, work in different way and are oriented at different models of training process. There was an urgent need of unified Curriculum for Family Medicine postgraduate training process aimed at developing practitioners capable to fulfill the planned roles of family physician. Program development was initiated in 2002 and ended by the endorsement of the unified Curriculum of Family Medicines by MOH in 2003. Since that time, the working process at YSMU and NIH proceeds in the same direction. The unified Curriculum is based on the “Provisions for the Family Physicians” and consists of 33 modules, which are covering all the topics, which are actual in clinical Postgraduate training of PHC Physician. This unified Curriculum is based on the following principles: evidence-based and cost-effective measures aimed at health promotion and disease prevention, skills necessary for the first contact with the patient, skills for efficient

patient communication, early detection, and out-patient treatment of the common acute and chronic conditions and knowledge in narrow specialties, medical care, and new principles of referring the patients.

In the frame of reforms, the Chairs are training doctors for their clinical practice, which is based on general approach, principles of General Practice for providing care/services without any restrictions in gender, age of the patients and the health problems they have.

The main difficulty was to find the knowledge and skills, which can ensure successful practice in PHC system at the same time making the reforms in compliance with the framework.

The first stage of continuing education of Family Physicians starts twice: in September and January each year. Its duration is 12 months for each group of trainees. The training starts with the introduction of Family Medicine as a medical specialty, defining job description of a family physician in countries, where PHC is based on the model of Family Medicine. After the introduction, all trainees gather in small groups for interactive seminars and group training in different topics of unified Curriculum. The process is oriented on problem-based learning and consists of two stages: the first is basic and gives the clinical knowledge, and the second is practical and provides the trainees with all necessary skills.

During the first stage, trainees learn international classifications of diseases based on classifications, which are endorsed by WHO. At the same time, this part of training is useful for discussing the new approaches for diagnosis, which are not used in PHC in Armenia. The benefits of the program are as follows: after the training doctors are adapted to new approaches in diagnosis and management of health problems in PHC. They are adapted to “chronic cough, low back pain” and other chronic problems, which cannot be explained by diagnosing of the nosologic forms. At the same time, this new approach to the diagnosis helps a Family Physician in managing this or that problem. He gets new skills for problem evaluation and management.

For all these purposes, the international standards and protocols are used. The protocols, which are in-depth discussed and examined during the training period are adapted to the real-life conditions of Armenian PHC and are recommended by the MOH of Armenia as protocols, which are based on international standards of diagnosing and management of common diseases and health problems. The trainees discuss with trainers all the details of diagnostic process and management, which are introduced in guidelines. Each week a group of trainees performs a discussion based on topics from different journals of Family Physician professional associations. This kind of “journal-club” activity is helpful for adapting practical physicians to information evaluation skills.

For improving medical skills the new rotations cycle was developed and implemented. The aim of this cycle is to give the trainees a chance to integrate knowledge with the practical skills to appreciate patient and family needs in the primary care setting. Acquiring practical skills consists of two stages: the first one is based on the humanistic approach with use of anatomic models and the second one is practice at the Family Physician Office. The program of this cycle includes practice based on the 3 main skills-related topics: general physical examination, specific physical examination and

additional examination. General physical examination includes the assessment of the general state of health, skin, mucous membrane and subcutaneous tissue, examination of pulse quality, assessment of respiration, inspection, and palpation of head, face, eyes, nose, mouth and throat, thorax, abdomen, genitalia, perirectal area and rectal examination. The specific physical examination includes general neurological examination, determination of visual acuity, investigation of strabismus, ophthalmoscopy, tonometry, removing foreign bodies, examination of hearing, otoscopy, cleansing of cerumen, rhinoscopy, spirometry, examination of the internal female genitalia, taking a cervical smear. Laboratory examinations, ECG taking and appropriate interpretation are parts of the additional examination.

Overall, during the retraining course doctors are improving their ability to evaluate and manage common acute ambulatory patient's conditions, follow guidelines of chronic diseases management, efficiently assess and treat patients in an office setting and incorporate the principles of evidence-based medicine.

Thus, education of the Family Physician is a continuous process and planning continuous development can start from perceived needs in individual practice and the health needs of the population.

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