

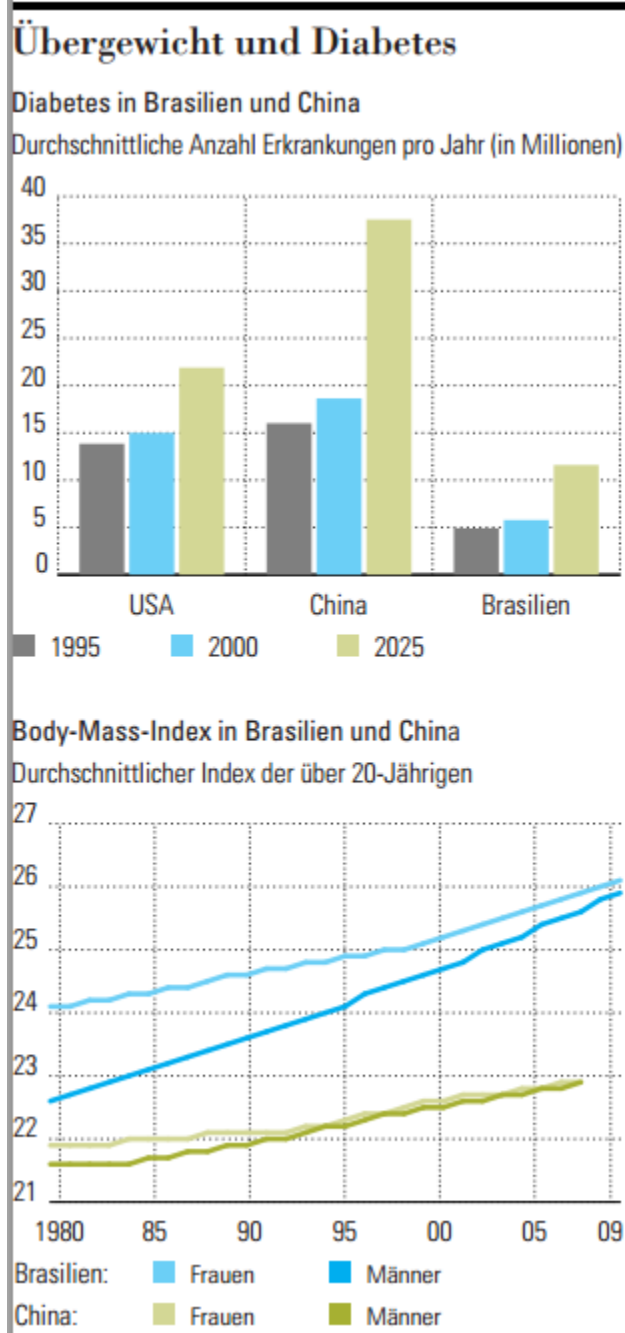
Swiss Public Health Conference 2013

**A6: HOW TEACHING AND LEARNING SYSTEMS NEED TO EVOLVE SO TO ADEQUATELY
COPE WITH THE INCREASED IMPORTANCE OF NCDS?**

**NCDs and Family Medicine Services: Implications for Training and
Continuous Medical Education of Doctors and Nurses**

Renato L. Galeazzi, St. Gallen

Importance of NDCs



What do patients with chronic NCD need ?

- *Continuous Care*
 - Patients need to be *accompanied through the course of the disease!*
 - by someone, *who does not change at every visit*
 - by someone, *who knows their other problems*
 - and knows *their environment.*
- *Comprehensive Care*
 - by someone, *who can understand their other problems*
 - *who can judge their other problems*
 - *who can treat their other problems*
- *Professional Care*
 - by someone, *who is on top of current knowledge*
 - *who behaves according professional ethics*
 - *who has skills in personal relationship, empathic care*
- *Communication*
 - *between patient and doctor*
 - *between the different players*

What do patients with chronic NCD need ?

- This means, they need a

Family Doctor and Family Nurse!

A General Practitioner, ein Allgemeinarzt, un Toubib!!

The four Cs, characterising Family Medicine:

first **C**ontact, they give

Comprehensive and

Continuous Care, always

Cooperating with the Community

and other partners in the HC-System

(specialists, nurses, community workers)

Three Steps of Medical Education

Basic

- University / Medical School
- undifferentiated Physician

PUST

- Post-University Specialty Training
- Intern, Resident, Assistent etc.

CME&L

- Continuing Education and Learning
- Life Long Learning, Cont. Professional Development

Problems in ME in former soviet countries

- Early Specialisation
- Hospital based Health Care System
- Primary and secondary Education very unequal within countries (urban vs. rural areas)
- Educational system prone to corruption (entrance procedure and assessment)
- Emphasis is on knowledge
- Clinical Skills are taught on a very low level
- Post-University training is short and with no curriculum
- Formal CME&L is lacking or not done with modern educational methods
- Quality Circles or Peer Review Groups are not well seen and supported.

What does this mean for ME?

A clearly structured FD and FN new
educational program is needed
(CURRICULUM)
for *university education*
and *post-university specialty training*



Three Steps of Medical Education

Basic

- Adaptation of Curriculum at Universities
- undifferentiated Physician, clinical skills, communication skills, exposure to general Medicine

PUST

- structured Post-University Specialty Training for FD
- guided, supervised, many patient-exposures, comprehensive, not by but with specialists

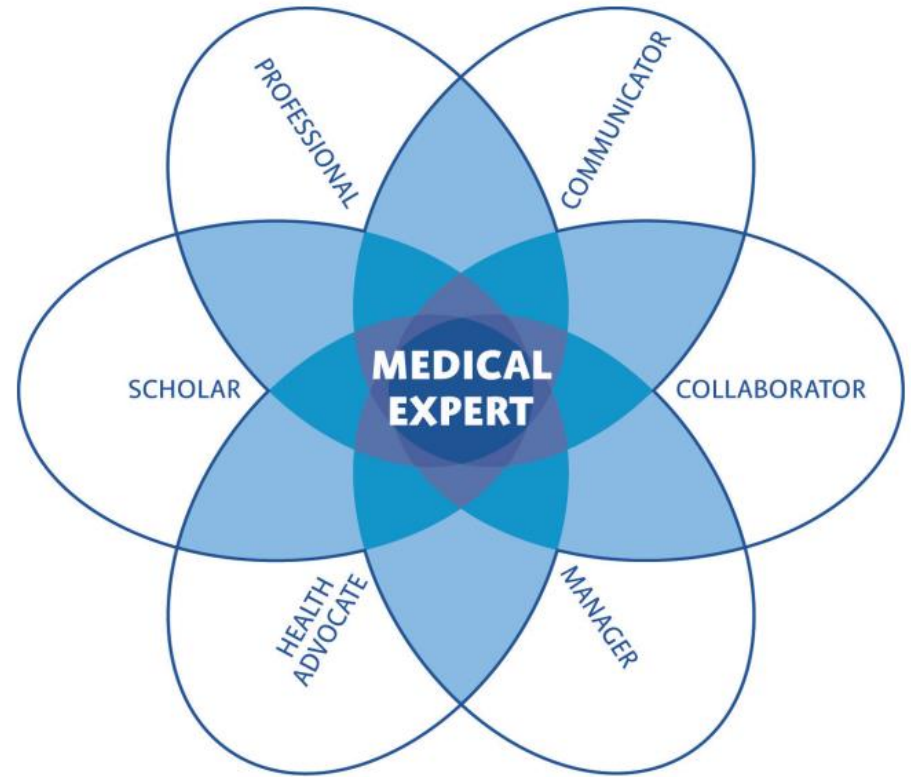
CME&L

- structured Continuing Education and Learning
- Life Long Learning, cont. professional development

The seven roles of a Physician:

THE
CANMEDS
ROLES FRAMEWORK

Medical Expert
Communicator
Collaborator
Manager
Health Advocate
Scholar
Professional



The three dimensions of teaching and learning

Knowledge

Know well

Skills

Do well

Attitudes

Behave well

Important Topic in FM Education

Working as a FM Team:
Family Nurses, Family Doctors

Clear definition of roles
Mutual acceptance
Mutual respect

CME&L

based on adult learning principles:

1. Adults are *internally motivated* and self-directed
2. Adults bring *life experiences* and knowledge to learning experiences
3. Adults are *goal oriented*
4. Adults are *relevancy oriented*
5. Adults are *practical*
6. Adult learners *like to be respected*

CME&L

based on adult learning principles:

CME&L events have to be

- *regular*
- *problem oriented*
- *based on questions arising at daily work*
- *interactive*
- *workshop-like, skills oriented*
- *organized by peers or local bodies (Hospital, referral places etc.)*
- *Not lead to examinations*

CME&L

Very important in the three phases, because it will guarantee really continuous quality of care.

1. Self study with books and journals

often not available, has to be learned!!

2. Self study through e-Learning

needs hardware, electricity, fast connection and good programs.

3. Learning in Groups

quality circles, peer review groups, morning rounds

CME&L

Very important in the three phases, because it will guarantee really continuous quality of care.

4. Conferences and lectures given by local specialists or from the outside. {Every one from out of town is an expert 😊 }
5. Conferences and workshops.
if skills and performance oriented.
6. National and International conferences
expensive, not problems directed

CME&L

the most inexpensive, the really based on adult learning principles and less fearsome, and the very problem oriented CME&L-event is:

3. Learning in Groups,

Quality Circles, ***Peer Review Groups***, morning rounds...



CME&L

Learning in Groups, *peer review groups*:

- it is organized locally, by colleagues,
- guided by problems encountered in everyday work,
- it is flexible and adaptable to short term needs
- it gives the possibility to discuss among peers, without fear of being unrespectfully treated by a superior
- Does not need long introduction

it needs

1. a Facilitator, who organizes the PRG-meetings
2. a Presenter, who presents the problem and discusses the literature
3. a Moderator. who can lead the discussion.
4. a Library or other means of information

CME&L

Learning in Groups, *peer review groups*:

Needs to be introduced carefully!

- It is new, needs a change in thinking of regulatory bodies.
- It gives importance to the locals (decentralisation)
- Facilitators and Presenters have to be educated
- MoH, Universities and PUST-Institutions have to be convinced of its advantages
- Impact is difficult to measure, no exam can be given

Conclusion and Summary

- **Coping with NCD needs Generalist Medical Care
i.e. Family doctors and Family Nurses**
- **This general view has to be taught and young
doctors have to be well trained**
- **This training should be based on clinical work,
clinical skills teaching in all three phases of
MedEd**
- **Continuing Education and Learning needs special
attention as in many parts of the world
CME&L programs are poorly developed**
- **Peer Review Groups seem to be an effective
method for CME&L**

Thank you for your attention

