BME-5W1H

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5W1H

- **Why** BME must include a contribution from GP/FM?
- **What** contributions from GP/FM?
- **Where** should GP/FM education take place?
- **When**?
- **Who** should teach?
- **How**?
Why?

- GP/FM is a practice-based profession, real-world, community-based clinical experience
- Medical students will become GPs
- Need for introduction to GP/FM as a career choice
- Need for experience of GP/FM for other branches
  - Leeuwenhorst. The contribution of the general practitioner to undergraduate medical education. 1977
What?

• Range of problems GP/FP faces
• KSA which GP/FP brings to their solution
• What GP/FP does
• What is as a person
What?

- Problem-based
- Community-oriented
- Small group tutorial learning
- Early exposure to clinical medicine
- Biopsychosocial models of health and disease
What?

- Competent in; PC, epidemiology, population health, community health problems
- Practice activities based on evidence and feedback
- Core elements; first contact, longitudinality or continuity, comprehensiveness, coordination
- Exposure to a wide variety of clinical problems and patients
What?

- Flexner Report recommended:
  - Limit use of lectures and learning by memorization
  - Encourage active learning
  - Teach problem solving and critical thinking, not just facts
Where?

• Medical school
• Practice based teaching on a one to one basis in a primary health care setting in which GP/FP works
  • Fraser RC. BMJ 1991;303:41-3.
• *In general practice, patients stay and diseases come and go. In hospitals, diseases stay and patients come and go.*

When?

- As early as possible;
- Orientate medical curricula towards the social context of practice
- Ease students’ transition to the clinical environment
- Motivate
- Make them more confident
- Make them more aware

Who?

• Independent university departments of GP/FM that are centrally involved in curriculum planning

• Practising GPs/FPs
  • Svab I. GP teaching at the undergraduate level in Europe. Annual spring meeting, RCGP, 1999.

• Ideally medical students should be working with preceptors whose practices provide quality family medicine and reflect well-established principles of primary care.
  
How?

• Close link between practice and teaching
• Appropriately distributed hospital and GP based teaching
• Modern teaching methods (clinical skills lab, video recordings of consultations with both simulated and real pts)
• Modern assessment methods (OSCE, summative)

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Turkey
Adana
Cukurova University
Demography

- 73,722,988 (2010)
- 76.3% in suburban and urban area
- LE: M: 71.5 years, F: 76.1 years, T: 73.7 years
- 7.2% >65 years
- 9.1% unemployed
Health indicators

• Total fertility rate: 2.12
• Crude birth rate 18.6/1000
• Infant mortality rate: 17/1000
• Child MR for under 5 years: 24/1000
• Full immunized 80.5%
• Maternal mortality rate: 38/100.000
• Using modern FP method 46%
PHC

- 637 pts/physician
- 963 Community Health Centres
- 6300 Family Health Centres
- 21,183 Family Physicians (approximately 1500 with ST)
- No gate-keeping
- Total health expenditure 7.7%
- 580 US dollar per person
Common causes of death

- Circulatory system
- Malign tumors
- Respiratory system
- Endocrinology, nutrition, metabolism
- Trauma, intoxications
• There are 172 universities
• 74 faculty of medicine
• 38 departments of FM
• Majority has BME for FM
First year medical school

• Number of students: 253
• 5 hours theoretical
• 312 hours practical (physician, health facility and home visits, project/poster presentation, communication skills course)
• Assessment: MCQ, poster, assay writing, OSCE
Topics

• Biopsychosocial approach
• Modern concept of health
• Primary health care services
Second year

• 284 students
• 6 hours theoretical
• 288 hours practical (poster presentation, social institute visit, reproductive health module, skills lab)
• Assessment: MCQ, poster, assay writing, OSCE
Topics

• Family-health relationship
• Life stages of a family
• Family dynamics
• Family genogram
• Social services in PC
• Healthy life style
Third year

• 265 students
• 16 hours theoretical
• 96 hours practical (simulated patients, home visits, introduction to clinical practice, geriatric care module)
• Assessment: MCQ, OSCE
Topics

- Principles of FM
- Diagnostic methods in the first encounter
- Clinical problem solving in FM
- Patient-centered approach
- Home visits
- PHE
- Medical records
• Home care
• Sexual life and dysfunctions
• FP in Turkey
• FP in the world
• PHC services
• Sociodemographic details of elderly
• Preventive services for elderly
• Terminal stage elderly
Sixth year

• 138 students
• 15 days of rotation
• Patient consultations, group discussions, home visits, FP visits
• Assessment: Patients consultations, time management, case presentation, home visit report presentation
• Thank you for your attention

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