By the end of the presentation you will

- Know the knowledge, skills and attitudes, which should be adopted during FP attachment
- Understand the scope of FP attachment
- Value the importance of FP attachment for training skills and building up students’ attitudes
- Know a Chinese proverb

Misconceptions

- Students need more practice - we can use FP instead of overloaded hospital doctors
- FP is diminished internal medicine…, FP just know less, perform less than “real” specialists, and refer a lot
- We should accept students as this makes us important in the eyes of academics in Medical Schools
- “When a finger points to the moon, the idiot looks at the finger” Chinese Proverb

Teaching knowledge in FP

- There are more effective ways of acquiring knowledge base:
  - Reading textbooks
  - EBM
  - Writing assignments
- FP provides but ideal setting to train application of knowledge
- Chinese proverb: “I hear and I forget.”

We know, but what students say…

- “I was aiming to continue as surgeon and I was blinded by big city FP, that FP do not perform a lot of medicine, but after working with your tutor in his practice, I saw, what could be provide to patients in FP…”
- “You should continue to teach us communication skills, train to think from broader perspective and show us common patients’ problems…”
- “After standing your tutorship in your practice, I feel confident to answer any question…”

The European definitions of the key features of the discipline of general practice: the role of the GP and core competencies.
Justin Allen, Bernard Gay, Harry Crebolder, Jan Heyrman, Igor Švab, and Paul Ram
Teaching application of knowledge in FP

- What would be a typical response of a student to 30-year old female patient presenting with following complaint:
  - "In the past 14 days several times I experienced pain in my chest, tightness in my neck and tingling in my left arm. Nearly every night this wakes me up in the middle of the night. I became worried as I might have died out of that."

How to teach application of knowledge

- Adult learning cycle (Kolb)
  - experiences
  - trying out
  - critical thinking
  - abstract concepts

“SWOT analysis” of student’s abilities

- S: large knowledge-base
- W: scattered information, lack of experiences, “shyness”
- O: motivated, goal oriented
- T: disillusioned, lack of motivation, stubborn

30-year old female patient

- Student: acute coronary syndrome
- Theory: What are differential diagnoses?
- Practice: Direct observation of this consultation
- Chinese proverb: "I see and I remember."
- Discussion
- Reflection
- Trying out

Learning from practice epidemiology

1,988 persons
806 report symptoms
247 have a similar effect (13% use a pharmacy or provider/11% use a pharmacy only)
106 use a complementary or alternative medical provider
27 visit a hospital outpatient (13% visit a hospital or emergency department)
14 use a home health care service
8 are hospitalized
2 are hospitalized in an academic medical center

Teaching agenda: THEORY

Performance = DOES
Competence = SHOWS HOW
Skills = KNOWS HOW
Knowledge = KNOWS

17 ICPC chapters + 6 components
All patients at all age groups
From Health promotion, prevention, care & care, to palliation
Contextual basis
Attitudinal basis
Scientific basis
Skills

- Communication skills
- Consultation skills
- "Manual" skills
- Procedural skills
- Record keeping
- Patient management
- Breaking bad news
- Chinese proverb: "I do and I understand."

Attitudes

- Professionalism
- Ethical issues
- Team work
- Societal needs

What GP can contribute to teaching at medical schools besides being a “zoo” lab

- Primary care approach in solving problems
- Epidemiology of health care problems
- Communication and consultation skills
- Building up relationship with patients
- Training in application of knowledge to everyday health problems

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I hear and I forget.
I see and I remember.
I do and I understand.

Confucius (551 BC - 479 BC); Chinese philosopher