

PHC

432 Team

4 CONCEPTS OF FAMILY MEDICINE



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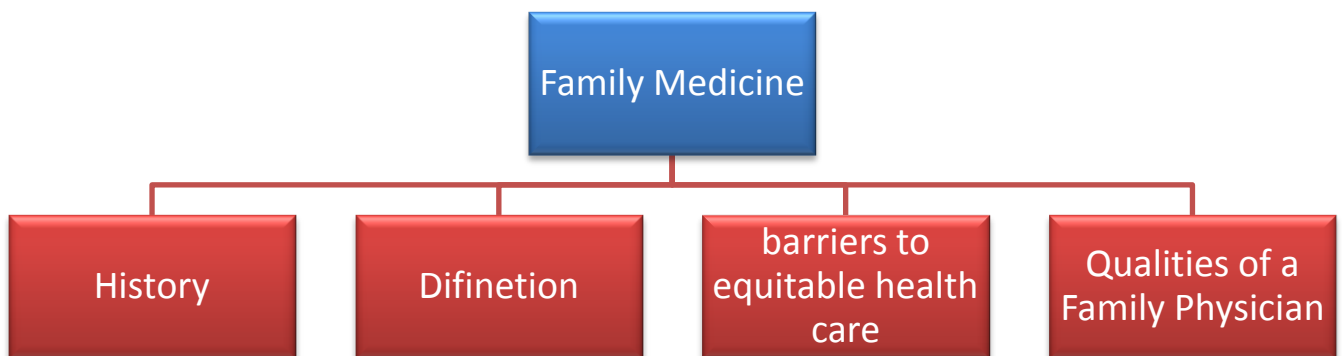
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Objectives

1. To become aware of the history of Family Medicine.
2. To understand the concepts of Family Medicine, including its definition.
3. To become aware of the major barriers to equitable health care.
4. To become familiar with the desirable qualities of a Family Physician.

Mind Map



History of Family Medicine :

EVOLUTION:

The age of the General Practitioner.

The age of Specialization.

Family Medicine as a Clinical and Academic Discipline .

Concepts of Family Medicine

DEFINITION:

Family Medicine is a medical specialty of **first contact** with the patient, devoted to providing, preventive, promotive , rehabilitative and curative health care, from **physical, psychological** and **social** aspects

The scope is not limited by system, organ, disease entity, age or sex.

Major barriers to equitable health care - WHO :

Unequal access to disease prevention & care.

Rising cost of health care.

Inefficient health care system.

Lack of emphasis on Generalists' (Family Medicine) training.

How to overcome these barriers ?

The WHO also states, that the best option to overcome these barriers is to **utilize services of trained Family Physicians**

Health outcome indicators :

Barbra Starfield study confirmed that the central role of Family Medicine in the health care system of a country results in enhanced quality & cost-effective care.

She proved in a large multicentre study that the **health outcome indicators are significantly better in those countries in which Family Medicine plays a central role in the health care system .**

Desirable qualities in a family physician:

10 Cs :

- 1) Caring/Compassionate
 - 2) Clinically Competent
 - 3) Cost-effective Care
 - 4) Continuity of Care
 - 5) Comprehensive Care
 - 6) Common Problems Management
 - 7) Co-ordination of Care
 - 8) Community-based Care & Research
 - 9) Continuing Professional Development
 - 10) Communication & Counseling Skills` with confidentiality
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1- Caring/Compassionate :

- An essential quality in a Family Physician.
- Personal patient centered Care.

2- Clinically competent :

- Only caring is not enough
- Need for four years training after graduation and internship.

3- Cost – effective care :

- In time and money.
- Gate keeper- Use of appropriate resources.
- Use of time as a diagnostic tool.

4- Continuity of care :

- For acute, chronic, from childhood to old age, and terminal care patients and those requiring rehabilitation.
- Preventive care/ Promotion of health.
- Care from cradle to grave.

5- Comprehensive care :

- Responsibility for every problem a patient presents with.
- Physical, Psychological & Social.
- Holistic approach with triple diagnosis.

6- Common problems management :

- e.g. Hypertension, Diabetes, Asthma, Depression, Anemia, Allergic Rhinitis, Urinary Tract Infection.
- Common problems in children and women.

7- Co-ordination of care :

- Patient's advocate.
- Organizing multiple sources of help.

8- Community-based Care & Research :

- Care nearer patients' home.
- Preventive, promotive, rehabilitative and curative care in patient's own environment.
- Relevant research within the patient's own surroundings.

9- Continuing Professional Development :

- To keep up-to-date.
- Need for breath of knowledge.

10- Communication & Counseling skills :

- Essential for compliance of advice and treatment/sharing understanding.
- Confidentiality and safety netting.
- Needed for patient satisfaction.
- Involving patient in the management.

Essentials of a Family Medicine Consultation :

- **Meet & greet**
- All the components of history, including medication, personal and Psychosocial with patient centered approach.
- Summarization.
- **ICE: Ideas, Concerns & Expectations** and effects on patient's day to day life & work.
- Examination/Diagnosis ? Differential diagnosis ?
- Investigations & Management with patient's involvement, safety netting , appropriate F/U & Referral

Summary

- ❖ Family Medicine is a medical specialty of first contact with the patient, devoted to providing, preventive, promotive, rehabilitative and curative health care, from physical, psychological and social aspects.
- ❖ Major barriers to equitable health care:
 - Unequal access to disease prevention & care.
 - Rising cost of health care.
 - Inefficient health care system.
 - Lack of emphasis on Generalists' (Family Medicine) training.

And the best option to overcome these barriers is to utilize services of trained Family Physicians.

- ❖ Based on Barbra Starfield's study the health outcome indicators are significantly better in those countries in which Family Medicine plays a central role in the health care system with enhanced quality & cost-effective care of their health care system.
- ❖ The desirable qualities in a family physician: (The 10 Cs) :
 - Caring/Compassionate.
 - Clinically Competent.
 - Cost-effective Care.
 - Continuity of Care.
 - Comprehensive Care.
 - Common Problems Management.
 - Co-ordination of Care.
 - Community-based Care & Research.
 - Continuing professional Development.
 - Communication & Counseling Skills` with confidentiality.
- ❖ Essentials of a Family Medicine Consultation :
 - "Meet & greet".
 - "ICE".
- ❖ The principles and competencies required for the practice of Family Medicine are universal, they are applicable to all cultures and all social groups, from richest to the poorest in the community.

Questions

- 1) The major barriers to equitable health care according to WHO?
 - a. Unequal access to disease prevention & care.
 - b. Rising cost of health care.
 - c. Inefficient health care system.
 - d. Lack of emphasis on Generalists.
 - e. All of above.

- 2) You are observing the consultation skills of one of your colleagues and noticed some problems during this consultation process. The Doctor received a telephone call and the nurse knocked the door twice to ask him for something. He took the history and examined the patient which is ended by a prescription of NSAID.
Which one of the problems noticed is one of the most important feature of "failed consultation"?
 - a. The doctor didn't ask the address of the patient.
 - b. Interruption by the nurse during consultation.
 - c. No summarization of the presenting problem.
 - d. Receiving a telephone call during consultation.

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Answers:

1st Questions: E

2nd Questions: C