



*433 Teams*

# PRIMARY HEALTH CARE

## Lecture 1

### Family Physician Desirable Competency

433Phc@gmail.com

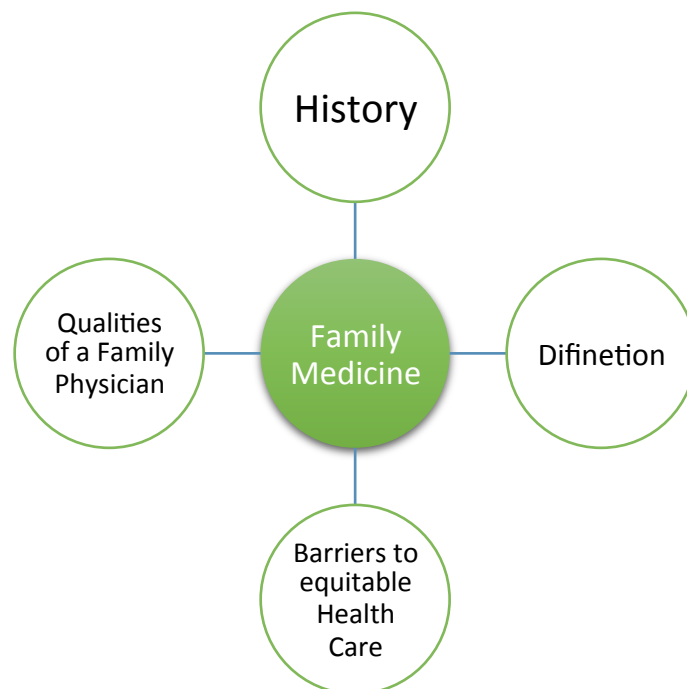


جامعة  
الملك سعود  
King Saud University



## 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.



▶ At the start of the modern medical profession- every one was a General Practitioner (GP)

-In the 60s and 70s, the age of Specialization, a lot of court cases and patients dissatisfaction

-Realizing the need for a specialist for the whole person.

▶ In the 1950s the public began to express their dissatisfaction mainly:

The shortage of physicians

The high cost of medical care

The fragmentation of care

▶ The family practitioner evolved as a specialist to replace the rapidly disappearing general practitioner in 1950s.

▶ The development of family practice as a specialty occurred at the end of a long period of decline in general practice.

## **Family Medicine as a Clinical and Academic Discipline**

- At the start of the 70s, 3-4 years training in Family Medicine after graduation
- In 1982, three years training in family medicine became a requirement

## 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 .**

## **The Core Competencies of the General Practitioner / Family Doctor**

### **"Domains of Competence in Family Medicine (WONCA)"**

- Primary care management
- Person-centered care.
- Specific problem solving skills
- Comprehensive approach
- Community orientation
- Holistic modelling

### **1- Primary care management:**

- Dealing with unselected problems
- Cover the full range of health problems
- Coordinate care with other health care professionals
- Make health care system available to the patient
- Act as patient's advocate

### **2-Person-centered care**

- To adopt a person-centered approach in dealing with patients
- To use the consultation to bring about an effective doctor-patient relationship
  - Respect patient's autonomy
  - To set priorities in partnership with the patient
  - Provide long-term continuity and coordinated care

### **3-Specific problem solving skills**

Relate decision making processes to the prevalence of illness in the community

- To apply the clinical information to an appropriate management plan in collaboration with the patient
- To tolerate uncertainty in dealing with early & undifferentiated problems
- To intervene urgently when necessary
- To make effective and efficient use of diagnostic and therapeutic interventions

### **4- Comprehensive approach**

- To manage simultaneously multiple complaints and pathologies, both acute and chronic
- To promote health and well-being
- To manage & coordinate health promotion, prevention, curative care, rehabilitation and palliative care

### **5- Community orientation :**

To reconcile the health needs of the individual patients and the health needs of the community in which they live, balancing with available resources.

### **6- Holistic approach:**

To use bio-psycho-social models, taking into account the cultural dimensions.

## **Growing need for Excellent Qualities**

- Patient care should be the first concern.
- Listen to the patient and respond to their concerns and preferences.
- Respect patient rights to reach decisions with you about their treatment & care.
- Support patients in caring for themselves to improve and maintain their health.
- Be honest and open and act with integrity.
- Never discriminate unfairly against patient or colleagues.
- Never abuse your patient trust in you or public trust in the profession.
- Act without delay if you have good reason to believe that either you or your colleague may put patients at risk.

## **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

## 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.
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## 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**

# Done By:

Salman alrwibaah	Abdurhman alqhtani
Abdulmalek alnujidi	Abdullah alhumidi
Talal alrwaf	Faisal bazheer

