

بسم الله الرحمن الرحيم

وزارة التعليم العالي و البحث العلمي

جامعة بابل

كلية الطب

فرع طب الاسرة و المجتمع

Family Medicine Training Curriculum

المنهاج العلمي

دبلوم طب الاسرة

Preface

The Babylon university & college of medicine with community department worked collaboratively and closely to make family medicine diploma & this curriculum available for trainees' guidance and support.

Postgraduate medical education worldwide are now governed by sets of academic standards that describe the qualities and abilities of graduates. In addition, there are standards for the training processes, trainers' selection and methods of assessment. standards ensure transparency and clarify expectations.

These expectations are clearly reflected in the Family medicine curriculum.

The curriculum describes what trainees will know and be able to do upon completion of training. In additions methods of teaching and learning needed to deliver the curriculum are explicitly outlined.

The curriculum also describes in details, expectations from trainees during their rotations in "The training rules and regulations section". Methods of assessment and examination.

All topics covered during practical and theoretical study are outlined in tables. This will help trainees to guide their own training & readings.

In addition, all required clinical cases and procedures are listed together with expected performance at various stages of training.

To help our trainers, supervisors and maximize benefits, we provided a guide for required lectures and journal clubs at various rotations courses.

We hope that all our trainees, trainers and educational supervisors will follow the guides provided in The curriculum.

Goals:

The purpose of the Babylon diploma of family medicine is to graduate competent physician skilled in principle of practice of family medicine.

At the end of the training programs, the physician should:

- 1- be able clinically to identify & manage all the medical problems presented by the patients in health center, hospital.
- 2- be able to provide comprehensive care to all individuals with respect to the family unit, irrespective of age, sex, or diseased organ.
- 3- show the ability to integrate the behavioral, emotional, social & environmental factors of families in promoting health & managing
- 4- recognize different health problems of the society & having the ability for prioritizing them. Identifies deficits in the environment where patients are living or working.
- 5- demonstrate the ability to :
 - *use consultation with other medical specialist effectively

*identify & use community resources as an integral part of the health care system.

6- be able to build a satisfying physician-patient relationship. Including:

*problem identification

*problem solving

*compliance

*patients education

7- be able to understand & evaluate the findings of published research & to apply it's results to one's medical practice.

Training rules & regulations:

The Babylon diploma of family medicine requires one year of supervised training program that must be conducted in an accredited Healthcare centers and teaching hospitals before sitting for the final examination. It also requires the presentation of a short thesis on a subject approved by the supervisors.

The Family medicine training program follows your graduation from medical college and completion of rotation .

It consists of three months of theoretical intensive program in family medicine, & the other nine months for the entire training programs & examinations .

the candidate must be dedicated full time and must be fully responsible for patient care.

The theoretical intensive program include:

*community medicine 60 hr

*internal medicine 60 hr

*surgery 60 hr

*obstetric & gynecological 60 hr

*pediatric 60 hr

The training programs include the followings:

1- The trainee should spend 6 weeks for each course of the followings : primary health care centre & internal medicine & surgery & pediatric & obstetrics, gynecology & branches (rheumatology, dermatology, ENT, ophthalmology)

2- During hospital rotations all trainees will work as residents in The training specialty and they must fulfill all residents jobs defined by supervisors and trainers

3- They should be responsible under supervision for outpatient and in patients' routine work and they must take supervised shifts according to the hospitals requirements and regulation.

4- During this nine months the trainees should get more responsibility for patient care and management in health care centers.

5- They should be involved in the preparation of short thesis on a subject approved by the supervisor of the family medicine diploma.

Specific requirement & obligations during hospital rotations

1- The Admitted Patients:

The trainee will be responsible for supervised admission of patients from the outpatient department or emergency room.

He/she will share in the completion of the following documents under supervision for each case:

- Complete history and physical examination form.
- Investigation requests, (laboratory, radiology, pathology, etc.).
- Results of the investigations.
- Plan of management.
- Daily progress notes.
- Order and medication sheets
- Order the necessary diagnostic procedures
- Discussion of The case with the trainer and consultants
- Discharge summaries.
- Sick leaves and medical reports.
- The Trainee should inform the senior staff of any high risk patient admission.

2- Outpatient Clinics:

The trainee should attend the outpatient clinics related to the rotation and its subspecialties as requested by trainers and supervisory staff.

3- Mandatory Clinical and Academic Activities:

The trainees shall be required to attend and participate in the mandatory academic and clinical activities of the department and the health center.

activities within any training rotation / period including:

- Daily morning endorsement meetings.
- Clinical round presentation, at least once weekly to cover various topics, problems, research,
- Journal club meeting.
- Interdepartmental Meetings

4-the log book

The trainees shall be required to keep a Log Book where they record all activities and skills performed and learned during the training program. The activities should be dated and categorized to whether been performed by the trainee him/herself or as an assistant or participant.

Each activity registered in the Log book should be counter signed by the trainer and finally the educational supervisor.

The Trainer and educational supervisor shall resign the completed Log Book at the end of training .

5- The Research project:

The trainee shall undertake at least one research project or audit during the training program under the guidance and supervision of his/her trainer.

Such project or mini thesis should be written before the trainee is accepted for admission to the final certifying examination.

6- Before the completion of the training program:

The trainee should have completed satisfactorily the Rotations described in the structure of the program and performed him/herself and assisted in the various requested procedures.

General rules & regulation:

a) Holidays and on call duties:

According to Ministry of Health and Population regulation

b) Evaluation Procedures:

1. Performance of the trainee shall be evaluated on regular and continuous basis.

The evaluation process should involve all aspects of the training including theoretical, clinical and investigative procedures skills as well as the attendance and participation.

2. The trainers & scientific supervisors who are required to write confidential reports of the performance of each trainee should evaluate the trainee periodically. The trainee should not be allowed to proceed in the training program and move to the next rotation unless he/she attains a satisfactory level of performance acceptable to the responsible trainer and educational supervisor.

Interruption of training:

It is not permissible to interrupt such a structural training program except in major unavoidable circumstances. Such circumstances should be convincing and approved by the Secretary General.

Recommended methods for teaching & learning:

Teaching and learning activities will be based on the principles entailed in different adult learning theories.

Group learning and on the job training will be the main methods for delivering the curriculum.

In addition (lectures) will be arranged as it significantly enhances the conceptualization of facts and principles.

Activities that promote self directed learning like research projects will also be used.

Intended learning outcomes:

These outcomes are expected to be accomplished during the family medicine rotations

Knowledge

By the end of training , trainees should have adequate knowledge and deep understanding of:

1. The concept of health normality and the qualitative measurement of health.
2. The concept, principles and components of basic benefit packages of health care activities for all ages and both sexes in integration with PHC delivery at different levels (family and community and family health unit)
3. The management of common medical conditions.
4. The demographic, epidemiological issues and the health needs of special groups, & the way in which these factors modify people's utilization of health care services.
5. The impact of adverse environmental factors on health including poverty, unemployment, poor housing, malnutrition, occupational hazards, and pollution.
6. The population-based preventive strategies including: Immunization, health screening, and population screening
7. The family life cycle, function and dysfunction and the expected health hazards at different points/times of family life cycle.
8. Health team dynamics and principles of leadership
9. The medico-legal social legislations & their impacts on his patients and their families.
10. The ethics of medical profession and their importance for the patient.
11. The basic methods of research as applied to his profession.

Professional and intellectual skills

By The end of training trainees should be able to:

1. Integrate information on physical, psychological, social and cultural factors which influence the patients and use it to construct and implement appropriate basic benefit PHC activity packages for individuals and their families
2. Make competent information gathering "history", clinical examination "signs", clinical decisions "diagnosis" & selection of appropriate investigation &/or treatment & recognize when no investigation or treatment is indicated and proper referral when needed.
3. Master communication , consultation and counseling skills
4. Balance clinical judgments against evidence-based practice guidelines

5. Utilize effective methods for rationalizing drug administration for drugs currently available in the family health units/centers.
6. Apply critical appraisal skills, statistical interpretation and the audit cycle to evaluate and improve care.
7. Possess teaching skills, including the education of patients, doctors in training and colleagues
8. Recognize & meet the doctor's needs as a person including self & family care "house keeping"
9. Identify his own strengths, weakness and learning needs.
10. Manage time and workload effectively, and set realistic goals.
11. Possess the skills and commitment to formulate practice development programs.

Skills related to health promotion and disease prevention

1. Perform screening tests when indicated for pediatric and geriatric diseases. In addition, trainees should be able to request screening for depression and cancer appropriately.
2. Provide counseling in premarital care, family planning, adolescent health and for appropriate nutritional requirement in health and disease
3. Provide behavior change motivation in :
smoking, obesity and drug abuse
4. Provide psychological support in grief, bereavement, and family crisis
5. Provide genetic counseling .

Attitudes and behaviors

1. Recognize that a blend of scientific and humanitarian holistic approaches is required for good quality FM/PHC practice.
2. Recognize that good medical practice depends on partnership between doctor and patient.
3. Be committed to provide high quality primary health care.
4. Be able to work effectively in a team, either as a member or leader, accepting principles of collective responsibility and to consult colleagues when appropriate.
5. Respond to criticism or complaints promptly and constructively (including self-audit), demonstrating an ability to learn from them.
6. Demonstrate appropriate professional values and attitudes with the patient including empathy; trust worthiness; respect for the dignity, privacy and rights of patients; and equity of care provision.
7. Appreciate The role of information technology as a tool for audit and quality control .

Methods of teaching and learning

The following methods will be used to deliver the knowledge related outcomes:

1. Lectures
2. Seminars
3. Journal clubs
4. Self directed learning

The intellectual, professional skills and attitudes will be taught and learnt through

1. On The job training
2. Case presentations
3. Patients encounters in outpatients
4. Journal clubs
5. Role models

Methods of assessment

1. Theory paper exam including SCQ ,essay & problem-solving cases.
2. Clinical exam (OSCE, Oral exam.)

The theoretical intensive programs

1- Community medicine:

knowledge

By The end of training, trainees should have good understanding of

1. The basic epidemiological principles
2. The role of family physician in prevention, and screening in different age groups
3. The proper nutritional health education programs
4. Health indicators
5. Community diagnosis issues
6. The principles of health researches according to community health needs
7. The principles of total quality management and information management.

Family & Community medicine Lectures

Subjects	Hr
Introduction to infectious diseases	1
Salmonellosis & amebic dysentery & shigellosis & typhoid fever ,hemorrhagic fever	3
Hepatitis	1
Cholera	1
Poliomyelitis	1
Subject	Hours
Respiratory infections (measles, TB)	3
Throat infection: diphtheria, mumps)	1
Malaria	1
Epidemiology of NCD	2
Introduction to applied epidemiology (definition & uses)	1
Designing of epidemiological studies	2

Investigations of epidemic	1
The concept of association & causation	2
Controlling chance , bias, & confounder in medical research	1
Importance of medical research & how to write a scientific paper & evaluating medical research, how to write a proposal	2
Evidence based problem solving	1
Screening & surveillance in health system	2
elements of PHC & five stars doctor	2
Maternal health care & maternal immunization during pregnancy	1
Child health care & immunization	2
School health services	1
Family medicine & referral system	1
Health education & communication skill	1
Family planning & breast feeding	1
Environmental & occupational health problem	2
Administration in health system	1
Social determinant of diseases	1
Patient doctor relationship	1
Nutrition : introduction, anthropometric measures	1
Assessment nutritional state of community	1
Micronutrients & macronutrients	2
Disorder of malnutrition	1
Feeding of vulnerable groups	1
Obesity & over weight	1
Nutrition of specific disease	1
Biostatistics, SPSS	9
STDs & AIDS	1
Epidemic influenza	1
Leshmaniasis	1
Total	60

Intellectual & professional skills

1. Use epidemiologic principles for planning and monitoring of different family practice programs according to quality standard.
2. Manage and use information technology
3. Train other health professionals for proper performance.

Health promotion and diseases

1. Provide health and nutrition education to different age groups.
2. Use different screening methods appropriately.
3. Use appropriate medical counseling skills.

2- Internal medicine

Knowledge

By The end of training, trainees should have good understanding of

1. The causes, patho physiology, clinical manifestations and management of common and important medical conditions that could be encountered by a family physician in routine settings
2. The dangerous signs (red flags) and when referral is indicated
3. The pharmacology of commonly used drugs, together with their indications, side effects and interactions

Intellectual and professional skills

By The end of training in internal medicine rotation, trainee should be able to:

1. Take proper history and perform appropriate clinical examination for patients presented with common medical complains
2. Select appropriate investigations and apply rational treatment strategies
3. Provide continuing and comprehensive care
4. Use proper consultation skills in his patients interviews
5. Perform ECG and interpret ECG, X-ray and routine laboratory tests
6. Appropriately refer patients for secondary and tertiary care when indicated

Attitudes and behaviors

1. Recognize that good medical practice depends on partnership between doctors and patients.
2. Respect dignity, privacy and rights of patients
3. Commit to provide equal health care services
4. Respect the role of other members in The healthcare tea m
5. Recognize the importance of time in early detection of diseases and identification of risk factors.

Lectures

Subjects	Hr
Hypertension	2
IHD	2
Heart failure	2
Rheumatic fever& valvular heart diseases	2
DVT & PVD	2
Hyperlipidemia	1
Diabetes ,interventional gastroenterology	4
asthma & COPD	2
Pneumonia, interventional pulmonology	2
Lung cancer	1
TB	2
Hepatitis	2
Liver cirrhosis	2
PUD	2
Inflammatory bowel disease	1
Stroke	2
Epilepsy	2
Coma	1
Common dermatological diseases	3
Geriatric medicine	2
PUO	1
Rheumatoid arthritis & osteoporosis	3
SLE	1
Common psychiatric diseases	3
Thyroid diseases	2
Anemia	2
Leukemia & bleeding tendency	3
Renal failure	2
Emergency cases	4
Total	60

3- Pediatric

knowledge

By The end of training, trainees should have good understanding of

1. The causes, clinical manifestations and management of common pediatric conditions (at different pediatric age groups) that could be encountered by a family physician in routine settings.
2. The causes and clinical manifestations of common pediatric emergencies and life threatening conditions
3. The clinical presentation of neonatal and childhood disorders that needs early identification and intervention or otherwise leads to permanent disability
4. Common adolescents physical and psychosocial problems.

Intellectual and professional skills

By The end of training in Surgical rotation, trainees should be able to:

1. Take proper history and perform appropriate clinical examination for pediatric patients at different age groups.
2. Select appropriate investigations, interpret them and apply rational treatment strategies
3. Use proper consultation skills that are appropriate for children in his patients interviews
4. Recognize the various steps of child growth and development and detect any deviation from normal including the use of screening tests.
5. Manage childhood and adolescent nutritional problems

Attitudes and behaviors

1. Adopt positive attitude towards the influence of culture and environment on the incidence, presentation and management of different pediatric illness.

2. Work effectively in multi professional team and Accept the responsibility of being available and accessible to patients.

lectures

Subjects	hr
Common symptoms of childhood diseases & approach to physical examinations	2
The normal neonate, assessment & care in delivery room	2
Neonatal jaundice	2
Neonatal sepsis	2
Colicky infants, nappy rash	2
Breast feeding problems	2
Breast feeding Vs formula feeding	1
Learning disabilities	1
Convulsion, prematurity and low birth weight	3
Neonate respiratory distress	2
Neonatal sepsis	2
Gastroenteritis with & without dehydration	2
Pneumonia	2
Parasitic infestations	2
Anemia	2
Rheumatic fever	2
Congenital heart diseases	3
Assessment of growth for infant & children & important growth problems	2
Failure to thrive	2
School refusal & learning problem	2
Nocturnal enuresis & encopresis	2
Childhood genetic diseases	2
Short stature	1
Cerebral palsy	1
Vaccination	2
ARTI	2
B asthma	2
UTI	2

Rickettes	2
Fever & rash	2
DM	2
TOTAL	60

4- Obstetrics & gynecology

knowledge

By The end of training, trainees should have good understanding of:

1. The causes, clinical manifestations and management of common gynecologic and obstetric problems presented to the healthcare centers
2. The family planning and counseling principles and their problems
3. common problems in The antenatal period
4. The principles of auditing of antenatal and family planning programs.

Intellectual and professional skills

By The end of training in Obstetrics and gynecology rotation, trainees should be able to:

1. Take history, and perform thorough gynecologic exam to identify and manage common gynecological problems
2. Provide family planning and counseling services
3. Run antenatal care clinic and manage common and important medical problems during pregnancy
4. Manage normal labor
5. Participate in auditing of women's health program and quality improvement activities

lectures

Subjects	Hr
Anatomy & physiology	2
Antenatal care	2
High risk pregnancy	2
Hypertension during pregnancy & PET	3
Family planning & consoling	2

Menstrual disturbances	2
Dysfunctional uterine bleeding	2
PID	2
STD	2
Infertility	4
Infection in pregnancy	2
Drugs & vaccinations in pregnancy	2
Normal labor	2
Cesarean section	2
Gestational DM & DM with pregnancy	3
Anemia in pregnancy	2
Ectopic pregnancy	2
Smoking & substance abuse during pregnancy	1
B asthma & pregnancy	2
Hepatitis & pregnancy	2
Menopausal problems	2
Uterine fibroid	2
Endometritis	1
Tumors	4
Abortion,Laser in gynecology and obstetric,fetomaternal medicine	4
PPH & PPH	2
Perperium	2
Total	60

Suggested titles for the Obstetrics and gynecology journal clubs:

- Family planning
- Perimenopausal management
- Early cancer detection.

5- Surgery

Knowledge

By The end of training, trainees should have good understanding of the causes, pathophysiology, clinical manifestations and management of common and important surgical conditions that could be encountered by a family physician in routine settings.

Intellectual and professional skills

By The end of training in Surgical rotation, trainees should be able to:

1. Take history and perform appropriate clinical examination for patients presented with surgical complaints to the family health center.
 2. Perform competently minor surgical procedures
 3. Differentiate between various causes of common and important surgical complaints
 4. Refer to surgical care where appropriate
 5. Educate patients and their families about healthy life style modifications that might prevent or help in the treatment of surgical problems.
- This include diet control, smoking prevention and exercise.

Attitudes and behaviors

1. Recognize the importance of the family physician and surgeon collaborating as partners in the evaluation of and decision making for the care of surgical patients.
2. Be aware of the principles involved in differentiating the causative origin of clinical symptoms resulting in the need for medical versus surgical intervention.

lectures

Subjects	hr
Differential diagnosis of swellings, ulcer, sinuses, fistula	2
Odema	2
Common surgical emergencies	4
Thyroid gland diseases	3
Breast diseases	3
Hernia	3
The salivary glands	2
Peripheral ischemia & gangrene	2
Acute abdomen	2
Jaundice	2
Hematemesis & malena	2
Gall bladder diseases	2
Anal & rectal problems	2
Nephrolithiasis	2
Varicocele & epidydmitis	2
BPH & prostate cancer	2
UTI & retention of urine	2
Pneumothorax	1
Diabetic foot	2
Burns	2
Head injury	2
Common ENT problem	3
Cataract & glaucoma	2
Blood transfusion	2
Infection control & precaution in minor surgical procedures	2
Sprain & fractures	3
List the characteristics of different suture materials	1
Implement sterile techniques	1
Total	