



EXPERIENCES FROM BEING A FAMILY MEDICINE TRAINEE

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2 IMPORTANT MESSAGES

- Belgian context ↔ African context
 - Different health care system
 - Other human resources
- Family medicine training
 - Training in the setting of the later job
 - Program with a lot of training, counseling and reflecting at different levels



WHAT IS FAMILY MEDICINE LIKE IN BELGIUM?

- Health care system:
 - Family physician
 - Regional hospital(s): almost all specialties present
 - University hospital: all specialties and subspecialties present

→ a system with an abundant number of physicians
- Family practice:
 - 3 practice models:
 - In the house of the physician
 - In an other building
 - In a community health centre
 - Different types of payment



HOW IS A FAMILY PRACTICE LOOK LIKE?



WHAT IS FAMILY MEDICINE LIKE IN BELGIUM?

- All ages, all sexes, all colors, all social backgrounds are welcome
- Consultations in practice and home visits
- Focus:
 - Acute diseases
 - diagnosing and treating minor illnesses
 - diagnosing serious illnesses that need specialist care (appendicitis, cancer, AMI,...) and referring to the hospital
 - Problem based differential diagnosis
 - Chronic diseases
 - Management and follow up of diabetes, asthma, COPD, heart failure, palliative care, depression, anxiety disorders, addiction,...
 - Prevention
 - Cardiovascular risk (hypertension, cholesterol, weight, exercise)
 - Cervical cancer, breast cancer, colorectal cancer
 - Smoking cessation, managing alcohol abuse
 - Vaccination



WHAT MAKES FAMILY MEDICINE SPECIAL AND DIFFERENT FROM HOSPITAL CARE IN BELGIUM?

○ Personal care:

- Follow up during years for several disease episodes→ you get to know your patient very well

○ Comprehensive care:

- Because you know your patient, his illness history, his family, his relational status, his socio-economic status, his philosophy of living... you can treat him in another way
- E.g.: a man with neck pain
 - < working in the garden
 - < hernia
 - < stress in his job/study
 - < problems with his children, wife or family
 - < not liking his job and searching for a way to get out
 - < ...



WHAT MAKES FAMILY MEDICINE SPECIAL AND DIFFERENT FROM HOSPITAL CARE?

- What we are not doing in our practice and why:
 - Surgery (except wound stitching and minor surgery)
 - We are not connected to a hospital
 - No hospital beds, only in care institutions for the elderly
 - Good access to hospital care
 - Delivery (not any more...)
 - Insurance problems for the physician, a lot of gynecologists, short distance between practice and hospital
 - Radiology
 - Costs, quality control, excellent access to radiologists in the neighborhood



BASIC MEDICAL TRAINING IN THE FLANDERS (4 FACULTIES)

○ 3 bachelor years:

- basic sciences, pharmacology, immunology, microbiology, a part of pathology, skills training, communication training
- Family physician related courses:
 - 1 week observational experience with a family physician
 - 1 week COPC training

○ 4 clinical years:

- Courses (year 4 and 5):
 - Internal medicine, orthopedics, psychiatry, pediatrics,...
- Clerkships (year 6 and 7):
 - Year 6: focus on hospital care, but 3 weeks in family medicine
 - Year 7: major “family medicine” (choice)
 - 15 weeks family medicine
 - 9 weeks “family medicine related hospital clerkships”
 - Courses starting from the most common diseases and problems in family medicine
 - Training of communication (consultation model)



SPECIAL FAMILY PHYSICIAN TRAINING: AN INTERUNIVERSITY PROGRAM

- Organization: ICHO
 - 1 program for all trainees in the Flanders
 - Provision and training of family physician trainers
- Finding an family physician trainer
 - Choose on from the trainers list of the ICHO
 - Solicitation → contract with all engagements of both parties
 - Payment: partly by the government, partly by the family physician
- Task: working 2 years in a family physician practice
 - Consulting alone, but there is supervision if needed
 - Participating in out-of-hour services
 - Objective: 10 – 15 patients a day

IMPORTANT NOTICE:

**THIS IS MEANT EDUCATION IN THE SAME SETTING AS
THE LATER JOB**



THE FAMILY PRACTICE WHERE I WAS A TRAINEE (COMMUNITY HEALTH CENTRE)



SPECIAL FAMILY PHYSICIAN TRAINING: A LEARNING PROCESS

- Source 1: in practice
 - Experiences in communication with patients
 - Dealing with uncertainty
 - Making decisions
- Source 2: daily meeting with your family physician trainer
 - Talking about patients you met
 - What went good, what was difficult
 - Exchanging contextual issues
 - Identifying learning points (portfolio)
 - Searching an answer for the questions you have
 - Guidelines, clinical evidence, literature,...



SPECIAL FAMILY PHYSICIAN TRAINING: A LEARNING PROCESS

○ Source 3: Seminars

- 10-15 trainees with 1 seminar trainer
- Discussion:
 - Cases: success stories and unsolved stories
 - Emotions
 - Quarrels with family physician trainer
 - Ways to integrate family medicine in your private life
- Presentations of cases
 - Starting from a real case and how you treated the patient
 - Going back to the guidelines to see if you act well
 - Explaining the group how you experienced this case
- Being a group, where you can **SHARE**, where there is **CONFIDENTIALITY**



SPECIAL FAMILY PHYSICIAN TRAINING: A LEARNING PROCESS

- Source 4: Courses (< ICHO)
 - Specific family medicine topics
 - Dealing with psychiatry patients
 - Eye problems in primary health care
 - Dealing with medically unexplained complaints
 - Menopause
 - ...
 - Training of skills
 - Wound stitching
 - Nail extraction
 - IUD placement
 - ...
 - E-learning modules
(videos – background – questions – forum)
 - Spirometry
 - Dealing with suicide
 - ...



SPECIAL FAMILY PHYSICIAN TRAINING: A LEARNING PROCESS

- Source 5: Master thesis
 - Subject < experience of quality problem in daily practice
 - Vaccination
 - PAP-smears
 - Mammography
 - Research question → review of literature → intervention → measurement → analysis → discussion
 - Writing a paper + presentation to other students, trainers, seminar trainers, professors,...
 - Guided by family physician trainer, seminar trainer, promoter of the family physician department



PRESENTATION OF THE MASTER THESIS



SPECIAL FAMILY PHYSICIAN TRAINING: EXAMINATION

- 1. MCQ-examination
 - Brief cases and questions
- 2. Judgment of the trainer and seminar trainer
 - Learning process
- 3. OSCE's
 - 20 stations, 7 minutes/station
- 4. Oral presentation of a case
 - 2 different juries
 - 5 cases to prepare, 2 to present (choice of the jury)
- 5. Master thesis
 - Written paper judgement
 - Presentation



GRADUATION



KEY MESSAGES

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