

DEMYSTIFYING FAMILY MEDICINE.



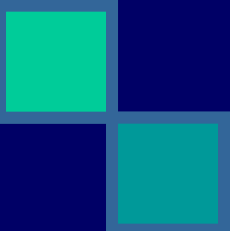

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Introduction:

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- **Demystify** means to throw light on, expose, **make known**, etc.
 - Masquerades appear mysterious because many people neither know **who and what are hidden** within them nor what they could do – **good or harm**.
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The Problem:

- Family Medicine (Fam. Med.) remains mysterious to many people in the healthcare system because they **do not know** what it is.
 - Fam. Med. is seen as a **threat** by many key medical specialists and a **friend** by others. It is **loved** by patients.
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Why is Fam. Med. Unknown?

- **At Undergraduate Level.**
 - **At Postgraduate Level.**
 - **At Practice Level.**
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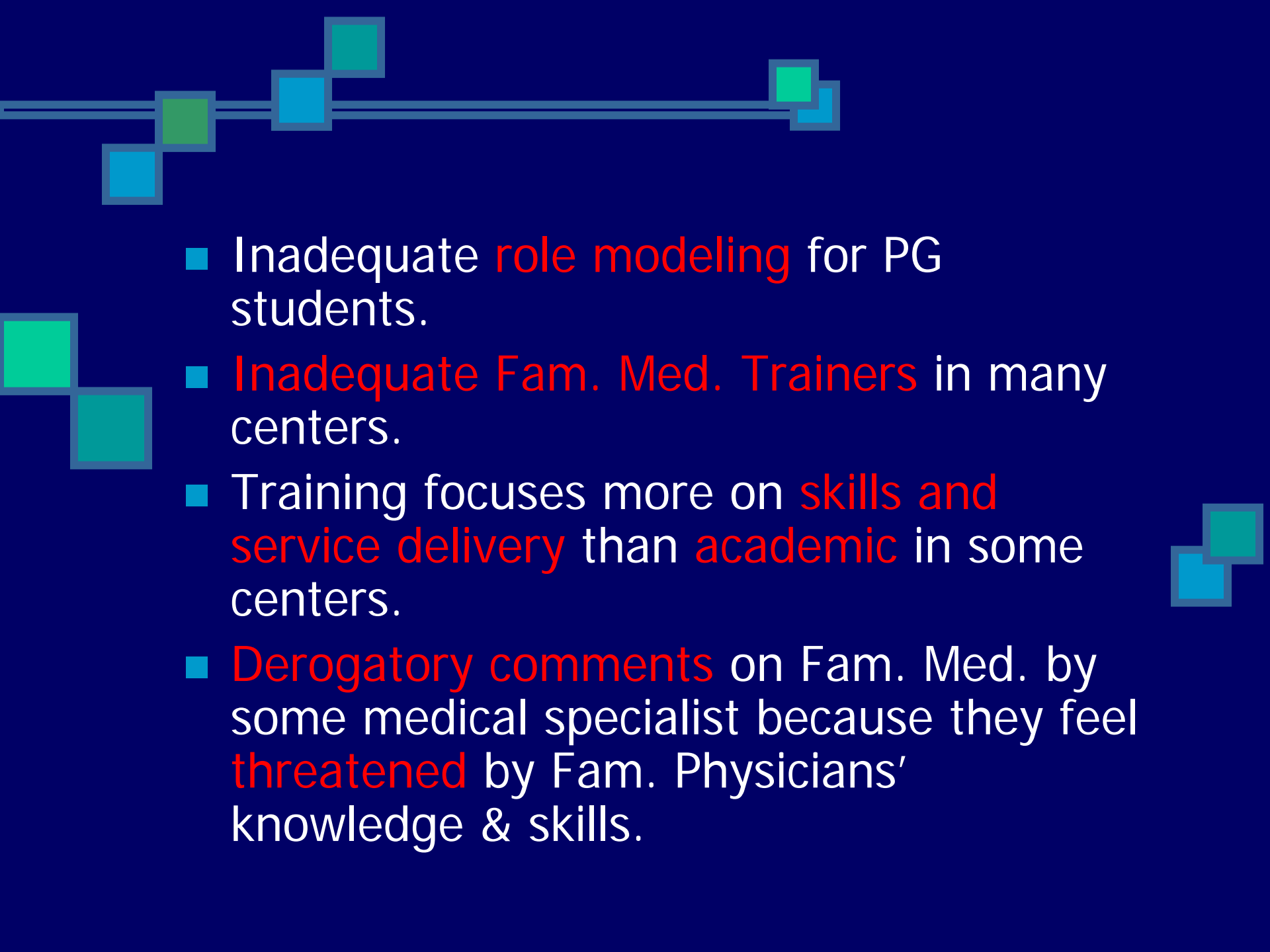
Undergraduate Level.

- Absence of **Fam. Med. academic departments** in many African Med. Schools.
 - Undergraduate students exposure to Gen. Pract. is **misunderstood as exposure to Fam. Med.** by medical schs.
 - Some specialists make **derogatory** comments on Fam. Med. because they feel threatened by it.
 - Inadequate Fam. Med. **Role Models.**
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Postgraduate Level.

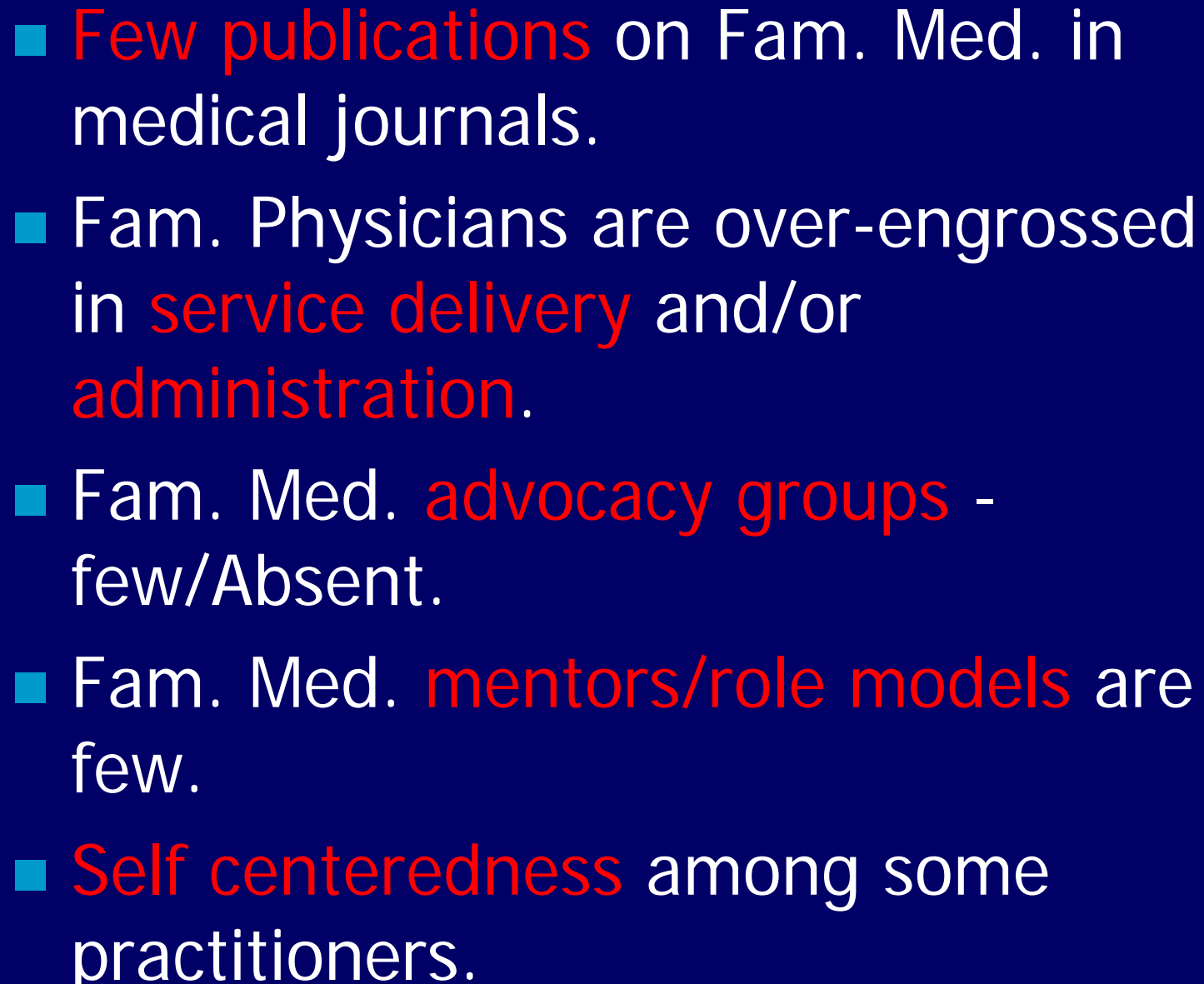
- **Poor enrolment** into Fam. Med. Residency bcos of **inadequate undergraduate exposure**.
 - **Poor recognition** of Fam. Med. by many med. schs.
 - Inadequate **exposure** of Fam. Med. residents by some **specialist departments**.
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- Inadequate **role modeling** for PG students.
 - **Inadequate Fam. Med. Trainers** in many centers.
 - Training focuses more on **skills and service delivery** than **academic** in some centers.
 - **Derogatory comments** on Fam. Med. by some medical specialist because they feel **threatened** by Fam. Physicians' knowledge & skills.



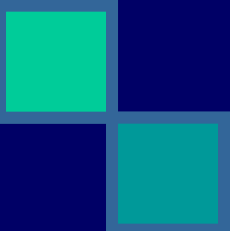

Practice Level.

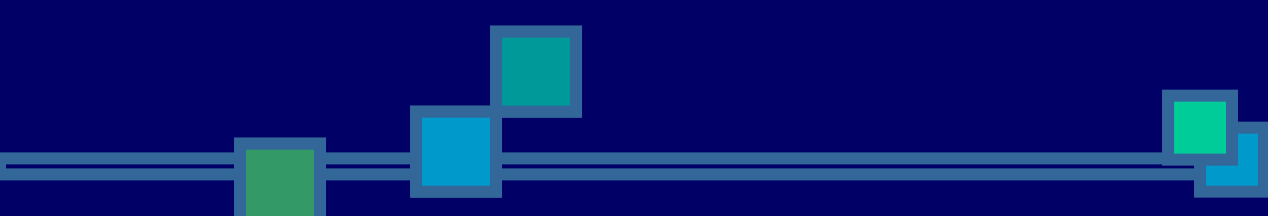
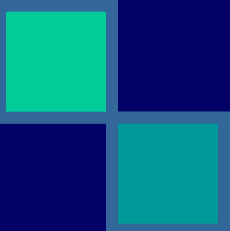

- **Absence** of Fam. Physicians in some communities.
 - Many communities have **few** doctors, especially Fam. Physicians.
 - **Few** Fam. Physicians are in **academia**.
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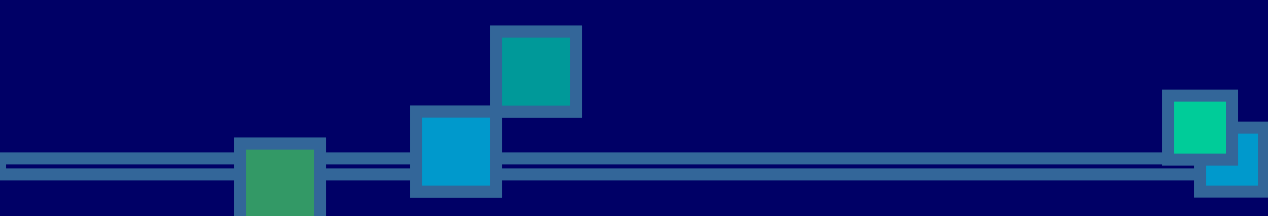
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- Few publications on Fam. Med. in medical journals.
 - Fam. Physicians are over-engrossed in service delivery and/or administration.
 - Fam. Med. advocacy groups - few/Absent.
 - Fam. Med. mentors/role models are few.
 - Self centeredness among some practitioners.



How to demystify Fam. Med.


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- Clearer uniform **definition** of Fam. Med.
 - Fam. Med. **Advocacy groups**.
 - Establishment of **Academic Fam. Med. Departments** in all med. schs.
 - More Fam. Physicians in **academia**.
 - More **publications in med. journals**.
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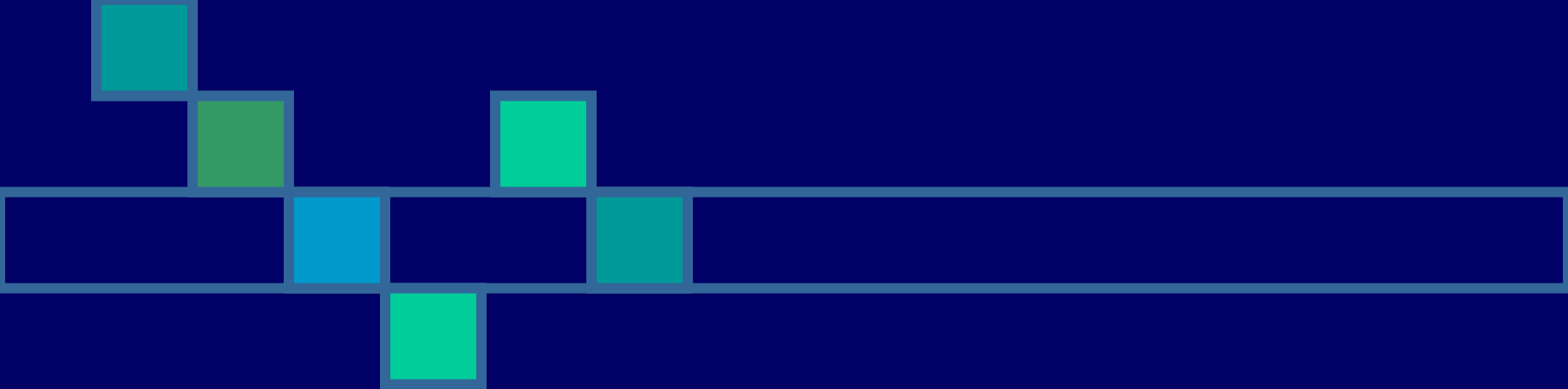
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- Publish Bks that promote Fam. Med. E.g. *“Improving Health Systems: The contribution of Fam. Med.”*
 - Encourage electronic information sharing.
 - Increase interdepartmental academic fora in med. schs.
 - Increase networking among practitioners.
 - Capacity building – train more Fam. Physicians.
 - Postgraduate trainers and trainees in rural communities should be given incentives.
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- Post graduate training **should not be restricted** to rural areas.
 - Early and continuous **appropriate undergraduate exposure to Fam. Med.**
 - Frequent **Regional workshops and conferences.**
 - Reach the **un-reached** communities.
 - Trainers should be **role models** to their residents and community.
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CONCLUSION:

- Family Medicine can be made known to more people within and outside the health sector by practicing the above suggestions.
 - Making Fam. Med. known to all will demystify the discipline.
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THANK YOU!!!

